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JOINT LEGISLATIVE  
STUDY COMMITTEE ON AGING  
PUBLIC HEARING  
September 17, 1982

PUBLIC HEARING  
BY  
JOINT LEGISLATIVE STUDY COMMITTEE ON AGING  
Columbia, September 17, 1982  
Senator Hyman Rubin, Chairman

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STATE DOCUMENTS

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The Annual Public Hearing of the Joint Legislative Study Committee on Aging was held in the Blatt House Office Building, Room 101/110, in Columbia, South Carolina, on Friday, September 17, 1982. The Hearing convened at 10:30 AM. All Members were present, except Representative Hudson Barksdale.

Senator Hyman Rubin, Chairman of the Committee, called the Hearing to order and introduced the Members of the Committee and staff:

Reverend M. L. (Jack) Meadors, Methodist District Superintendent, also Chairman of the Commission on Aging, a Gubernatorial Appointee; Dr. Julian Parrish, Gubernatorial Appointee; Representative Parker Evatt, Richland County; Mrs. Keller Bumgardner, Research Director of the Committee; Representative Pat Harris, Vice Chairman, Study Committee on Aging. Mr. Harris is well-known in State circles and is also Chairman of the Committee on Mental Health and Mental Retardation and of the Joint Appropriations Review Committee. Mrs. Rose Mary Smith, Administrative Assistant, Senate Medical Affairs Committee; Mrs. Kit Smith, Research Assistant, Senate Medical Affairs Committee.

He further recognized a number of representatives of State Agencies: Mr. Mike Horton, Assistant Comptroller General, Local Government Division, who works with Homestead Exemption. Senator Rubin made mention of a flyer which interprets all the Homestead Tax Exemption laws. It will be made public as soon as it gets back from the printers. Ms. Suzanne Lewis, Liaison for Aging Programs, Office of the Governor; Mr. Bill Bradley, State Ombudsman, Office of the Governor,

Further, he acknowledged the presence of Senator Bill Doar, Georgetown, who had just joined the Hearing.

Senator Rubin said that while many of the matters brought to the Committee's attention are ongoing due to substantial monetary costs, the Hearing is very helpful in determining priorities and getting new information so that the Committee can continue its efforts to make the lives of senior citizens richer and more fruitful. "Our objective is to provide substantive material help and implementation, and in the area of education to emphasize continually the needs, merits and potential of our senior citizens. We feel that we have done a great deal along that line, because they are wonderful people and they have usefulness far beyond what was contemplated in the past."

Senator Rubin feels that notwithstanding a period of fiscal austerity, continuing progress has been made. The Committee is very much gratified by a substantial increase in the current budget of the Community Long Term Care Program which will enable the State to phase in a statewide program whose object it is to provide as much local assistance as possible to keep people out of nursing homes.

Available is the Annual Report which goes into much detail. The Committee's efforts are not only local, but it is in touch with Congress. Congressman Butler Derrick, a member of the House Select Committee on Aging, is very helpful to the Committee.

He mentioned another publication, which was issued by the Committee this year, Housing for Senior Citizens in South Carolina. This data was compiled with substantial assistance from an intern of Columbia College.

He expressed his appreciation for the cooperative attitude of other state agencies, most of which have some type of program for the elderly. The Study Committee on Aging works with them, "nobody is trying to upstage anybody. The object is to get the job done."

Since the introduction of the members of the Committee, Mrs. Gloria Sholin, Gubernatorial Appointee, of Varnville, had come in.

At this point, the speakers were called to present their statements.



Reverend M. L. Meadors, Jr., Chairman  
South Carolina Commission on Aging  
Columbia, South Carolina

The Commission's Advisory Committee recommended at its last meeting that the following legislative action be pursued:

1. Condominium Conversion and Landlord-Tenant Bills.

Legislation in these two areas is now needed more than ever as the United States Congress has decided that it is the responsibility of state and local governments to regulate the rights of tenants, owners and landlords.

2. Probate Code Passage.

The Commission strongly hopes that this coming legislative year will see the passage of this Bill.

3. Estate Tax Exemptions and Gift Exclusions.

Since Federal legislation has been enacted, an amendment to the South Carolina Estate Tax Laws is needed to provide for a similar reduction.

4. Death with Dignity Bill.

Passage of this Bill is still a priority with a lot of senior citizens' groups in South Carolina.

5. Victim Compensation Board.

The Commission commends the General Assembly for passage of the Bill creating the Victim Compensation Board; however, they urge support of legislation to stiffen the penalties for criminals who prey on the elderly.

6. Health Care Costs.

Inflation, increases in hospital care costs, as well as cuts in Medicaid and Medicare place a devastating burden on the elderly on fixed income. The Commission urges the Committee to work with the S. C. Hospital Association and S. C. Medical Association to achieve cost containment.

In conclusion, Reverend Meadors expressed the Commission's appreciation for the Committee's support of the Long Term Care Service Management System.

(Presentation on the following pages).

PRESENTATION TO  
GENERAL ASSEMBLY'S STUDY COMMITTEE ON AGING

-4-  
REVEREND M.L. MEADORS, JR. CHAIRMAN  
S.C. COMMISSION ON AGING

9/17/82

SENATOR RUBIN AND MEMBERS OF THE GENERAL ASSEMBLY STUDY COMMITTEE ON AGING, I COMMEND YOU ON THE FINE WORK YOU ARE DOING ON BEHALF OF OLDER SOUTH CAROLINIANS. THE COMMISSION ON AGING HAS ENJOYED AN EXCELLENT WORKING RELATIONSHIP WITH YOU AND YOUR STAFF, AND WE LOOK FORWARD TO ITS CONTINUATION.

THE COMMISSION'S ADVISORY COMMITTEE, MOST OF WHOM ARE OLDER PERSONS, HAS RECOMMENDED THAT WE PURSUE LEGISLATIVE ACTION IN SEVERAL AREAS THAT HAVE BEEN ADDRESSED IN THE PAST. THE COMMISSION APPROVED THOSE RECOMMENDATIONS AT ITS LAST MEETING.

THE CONDOMINIUM CONVERSION AND LANDLORD-TENANT BILLS INTRODUCED BY MEMBERS OF THIS COMMITTEE LAST YEAR ARE NEEDED NOW MORE THAN EVER. THERE IS A SHORTAGE OF AFFORDABLE, ADEQUATE HOUSING FOR THE ELDERLY, AND THAT SITUATION WILL WORSEN AS PLANS ARE SCRAPPED AND FUNDS ARE DECREASED FOR GOVERNMENT-SUBSIDIZED HOUSING. THE UNITED STATES CONGRESS HAS DECIDED THAT IT IS THE RESPONSIBILITY OF STATE AND LOCAL GOVERNMENTS TO PROVIDE FOR NOTICE AND OPPORTUNITY TO PURCHASE IN A PROMPT MANNER. THEREFORE, IT WILL NOT INTERVENE, AND A STATE LAW TO PROTECT THE RIGHTS OF TENANTS, OWNERS, AND LANDLORDS WHEN RENTAL UNITS ARE CONVERTED TO CONDOMINIUMS IS ESSENTIAL.

"CONDOMANIA" IS DISPLACING THOSE ON FIXED INCOMES, ERODING THE STOCK OF AVAILABLE RENTAL HOUSING, AND ESCALATING INFLATION IN THE HOUSING MARKET.

PASSAGE OF THE SOUTH CAROLINA PROBATE CODE IS ALSO CONSIDERED PRIORITY LEGISLATION BY OUR ADVISORY COMMITTEE. THE EFFORTS TO REVISE AND CONSOLIDATE OUR STATE LAWS REGARDING WILLS, TRUSTS, AND PROTECTION OF THE PERSONS AND PROPERTY INVOLVED HAVE BEEN LABORIOUSLY ON-GOING. THE COMMISSION ASKS THAT YOU JOIN IT IN A COMMITMENT TO MAKE THIS COMING LEGISLATIVE SESSION THE ONE IN WHICH THIS BILL BECOMES LAW. THE APPROPRIATE HANDLING OF WHAT ONE HAS SPENT A LIFETIME ACQUIRING - SACRIFICING TO SAVE - IS TOO IMPORTANT AN ITEM ON OUR LEGISLATIVE AGENDA TO BE CARRIED OVER YEAR AFTER YEAR.

ALONG THAT SAME LINE, WE URGE YOU TO WORK FOR PASSAGE OF THE BILL TO AMEND OUR ESTATE TAX EXEMPTIONS AND GIFT EXCLUSION. FEDERAL LEGISLATION HAS BEEN ENACTED, AND A SIMILAR REDUCTION IN S.C. ESTATE TAXES IS NEEDED.

THE DEATH WITH DIGNITY BILL IS STILL CONSIDERED A PRIORITY PIECE OF LEGISLATION BY OUR ADVISORY COMMITTEE AND OTHER GROUPS OF SENIOR CITIZENS IN THE STATE.

WE COMMEND YOU ON PASSAGE OF THE BILL CREATING THE VICTIM COMPENSATION BOARD AND URGE YOU TO SUPPORT LEGISLATION TO STIFFEN THE PENALTIES FOR CRIMINALS WHO PREY UPON THE ELDERLY. FEAR OF CRIME IS A MAJOR PROBLEM AMONG OLDER PEOPLE - A FEAR THAT INCREASES WHEN UNEMPLOYMENT IS HIGH AND GROWING NUMBERS OF GOVERNMENT ASSISTANCE RECIPIENTS ARE BEING CUT FROM THE ROLLS.

THE UNPRECEDENTED RATE OF INFLATION IN HEALTH CARE COSTS IN GENERAL (15% IN 1981) AND A 20% INCREASE IN THE COST OF HOSPITAL CARE IN OUR STATE COUPLED WITH MEDICARE AND MEDICAID

CUTS ARE DEVASTATING TO THE ELDERLY ON FIXED INCOMES. WE ASK THAT YOU WORK WITH THE S.C. HOSPITAL ASSOCIATION AND THE S.C. MEDICAL ASSOCIATION TO ACHIEVE COST CONTAINMENT.

WE THANK YOU FOR YOUR SUPPORT OF THE STATEWIDE LONG TERM CARE SERVICE MANAGEMENT SYSTEM - A SIGNIFICANT STEP TOWARD PROVIDING ALTERNATIVES TO NURSING HOME CARE FOR THOSE WHO WISH TO REMAIN IN THEIR HOMES AND COMMUNITIES AND WILL BE ABLE TO DO SO WITH A LITTLE HELP. YOUR CONTINUED COMMITMENT TO MAKING THOSE ALTERNATIVES A REALITY FOR EVERY FRAIL OLDER SOUTH CAROLINIAN WHO DOES NOT REALLY NEED CONSTANT CARE IS VITAL. COMMISSION ON AGING DIRECTOR HARRY BRYAN WILL SPEAK TO YOU MORE ON THAT TOPIC.

THE COMMISSION ON AGING IS FIRMLY COMMITTED TO ADDRESSING THESE CONCERNS. WITH YOUR HELP, WE CAN ENHANCE THE QUALITY OF LIFE FOR OLDER SOUTH CAROLINIANS OF THE 1980'S AND OF ALL DECADES TO COME.

THANK YOU AND NOW I CALL ON HARRY BRYAN.

Harry R. Bryan, State Director  
S. C. Commission on Aging  
Columbia, SC

Mr. Bryan addressed the need for legislation which will provide more direct services to South Carolina's impaired elderly citizens in their homes. These direct services are needed to complement and strengthen the Community Long Term Care Service Management System, soon to go statewide.

Other states, Maine and Washington among them, have legislation which provides funds and specifies the kinds of services needed to adequately care for the rapidly growing segment of the population: the frail elderly who want to stay in their homes rather than be institutionalized prematurely.

Mr. Bryan thinks that Florida's legislation comes closest to what South Carolina needs. It is called the "Florida Community Care Service System" and helps fund the "core services" which are: homemaker, chore, respite care, day care, medical transportation, mini-day care, home delivered meals and health maintenance.

The Commission plans to recommend that the in-home services be made available to all functionally impaired elderly who need it, regardless of income, on a sliding fee scale. Services, of course, must be coordinated with existing services so that there are no duplications nor replacements. The Commission is forming a Task Force which will work with them in developing this concept. This Task Force will meet within the next 10 days for the first time, and Mr. Bryan thinks that they will be ready to recommend specific legislation no later than early December. By that time, recommendations from the Governor's Resource Panel on the Elderly, with which the Commission is working closely, should be available and Mr. Bryan is confident that the Commission's proposed legislation will be compatible with the suggestions from the Governor's Panel.

Rep. Harris told Mr. Bryan that he is totally in accord with the coordination of services and wanted to know if the Commission will be able to point out apparent duplications.

Mr. Bryan replied that they will certainly consider this. The proposed legislation will require that any new state dollars that may become available for in-home services not duplicate existing services or replace existing services.

Mr. Harris said that in view of insufficient supplies of dollars, they would appreciate any assistance the Commission can render in this matter.

(Full text of statement on the following pages).



SOUTH CAROLINA COMMISSION ON AGING

PRESENTATION TO  
GENERAL ASSEMBLY'S STUDY COMMITTEE ON AGING

HARRY R. BRYAN  
9/17/82

SENATOR RUBIN AND MEMBERS OF THE COMMITTEE, WE NEED  
LEGISLATION WHICH WILL PROVIDE MORE DIRECT SERVICES IN THEIR  
HOMES FOR SOUTH CAROLINA'S FUNCTIONALLY IMPAIRED ELDERLY  
CITIZENS.

AS MR. MEADORS HAS SAID, WE ARE DELIGHTED THAT THE  
COMMUNITY LONG TERM CARE SERVICE MANAGEMENT SYSTEM WILL SOON  
BE IMPLEMENTED STATEWIDE, THANKS TO YOUR SUPPORT. THE DIRECT  
SERVICES I AM REFERRING TO ARE BADLY NEEDED TO COMPLEMENT AND  
STRENGTHEN THAT SERVICE MANAGEMENT SYSTEM. THE NEW LEGISLATION  
WE ARE RECOMMENDING WILL MAKE MORE SPECIFIC SERVICES AVAILABLE  
TO ENABLE THE VERY FRAIL ELDERLY TO CONTINUE TO STAY IN THEIR  
PLACES OF RESIDENCE, WHERE THEY WANT TO LIVE, RATHER THAN  
HAVING TO ENTER AN INSTITUTION PREMATURELY.

A NUMBER OF STATES HAVE LEGISLATION THAT PROVIDES FUNDS  
AND SPECIFIES THE KINDS OF SERVICES TO BE PROVIDED TO THIS  
RAPIDLY GROWING SEGMENT OF THE POPULATION.

MAINE HAS TWO SUCH ACTS, ONE CALLING FOR "PRIORITY SOCIAL SERVICES" SUCH AS TRANSPORTATION, MEALS, HEALTH AND HOME CARE; THE OTHER CALLING FOR "HOME-BASED SERVICES". THE STATE OF MAINE MAKES ABOUT \$1.2 MILLION AVAILABLE FOR THESE PRIORITY IN-HOME SERVICES.

THE STATE OF WASHINGTON ALLOCATED SOME \$13 MILLION FOR SIMILAR SERVICES FOR THE 1979-'81 BIENNium.

FLORIDA'S LEGISLATION IS PROBABLY CLOSEST TO WHAT WE NEED IN SOUTH CAROLINA. THAT ACT IS CALLED THE "FLORIDA COMMUNITY CARE SERVICE SYSTEM". THE "CORE SERVICES" IT HELPS TO FUND ARE HOMEMAKER, CHORE, RESPITE CARE, DAY CARE, MEDICAL TRANSPORTATION, MINI-DAY CARE, HOME DELIVERED MEALS, AND HEALTH MAINTENANCE. CASE MANAGEMENT AND AT LEAST THREE OF THESE "CORE SERVICES" MUST BE PROVIDED TO BE ELIGIBLE FOR FUNDING. THE STATE OF FLORIDA, WHICH IS OF COURSE A MUCH LARGER STATE WITH MANY MORE OLDER PEOPLE THAN SOUTH CAROLINA, HAS APPROPRIATED \$15.5 MILLION DOLLARS FOR THIS PROGRAM FOR THE CURRENT FISCAL YEAR.

BASED ON OUR STUDY OF RELEVANT LEGISLATION IN OTHER STATES, AND PRELIMINARY DISCUSSION WE HAVE HAD IN OUR OFFICE, I THINK WE WILL WANT TO RECOMMEND THAT THE IN-HOME SERVICES BE AVAILABLE TO ALL FUNCTIONALLY IMPAIRED ELDERLY WHO NEED IT, REGARDLESS OF INCOME, AND THAT THERE BE A SLIDING FEE SCALE BASED ON ABILITY TO PAY. ALSO, IT SHOULD BE REQUIRED THAT SERVICES NOT DUPLICATE OR REPLACE OTHER SERVICES, AND THAT THEY MUST BE COORDINATED WITH OTHER SERVICES FOR THE ELDERLY.

WE ARE NOT YET, HOWEVER, READY TO RECOMMEND THE DETAILS OF THIS LEGISLATION. WE ARE FORMING A TASK FORCE TO WORK WITH US IN DEVELOPING IT. COUNTY COUNCILS ON AGING, AREA AGENCIES ON AGING, OLDER PERSONS ORGANIZATIONS, THE COMMUNITY LONG TERM CARE PROJECT, THE HEALTH IMPAIRED ELDERLY PROJECT, AND OUR STATE COMMISSION ON AGING WILL BE REPRESENTED ON THIS TASK FORCE. IT WILL MEET FOR THE FIRST TIME IN ABOUT TEN DAYS. IT IS MY PLAN TO HAVE SPECIFIC LEGISLATION TO RECOMMEND TO YOU NO LATER THAN EARLY DECEMBER, IN THE HOPE THAT YOUR COMMITTEE WILL ENDORSE IT AND PRE-FILE IT.

BY THAT TIME WE WILL HAVE A GOOD IDEA OF THE DRAFT RECOMMENDATIONS FROM THE GOVERNOR'S RESOURCE PANEL ON THE ELDERLY. THE COMMISSION IS WORKING VERY CLOSELY AND COOPERATIVELY WITH THAT PANEL AND I AM CONFIDENT THAT THE LEGISLATION I AM OUTLINING IN GENERAL TERMS TODAY WILL BE VERY COMPATIBLE WITH THE RECOMMENDATIONS OF THAT PANEL.

PLEASE UNDERSTAND, SENATOR RUBIN AND MEMBERS OF THE COMMITTEE, WE ARE WORKING TO DEVELOP AND RECOMMENDING THIS LEGISLATION WITH OUR EYES WIDE OPEN, FULLY AWARE OF THE STATE'S CURRENT ECONOMIC CONDITION. BUT WE ARE CONFIDENT THAT SOUTH CAROLINA WILL BOUNCE BACK, AND THAT THE SOUTH CAROLINA LEGISLATURE, WHICH HAS DEMONSTRATED ITS CONCERN FOR THE STATE'S OLDER CITIZENS IN MANY WAYS, WILL, WHEN IT CAN, MAKE FUNDS AVAILABLE FOR DIRECT IN-HOME SERVICES FOR THE FUNCTIONALLY IMPAIRED ELDERLY.

THE CHAIRMAN OF OUR COMMISSION, MR. MEADORS, AND OUR FULL COMMISSION, WHICH CONSIDERED THE BROAD CONCEPT OF THIS PROPOSED LEGISLATION EARLIER THIS MONTH, AGREE THAT WE HAVE A RESPONSIBILITY TO MAKE THIS NEED KNOWN TO YOU AND TO THE ENTIRE GENERAL ASSEMBLY.

WE RESPECTFULLY SOLICIT YOUR SUPPORT IN THIS EFFORT TO HELP  
THE VERY FRAIL, FUNCTIONALLY IMPAIRED ELDERLY REMAIN IN THEIR  
PLACES OF RESIDENCE AS LONG AS POSSIBLE.

THANK YOU FOR THIS OPPORTUNITY TO PRESENT THIS MESSAGE TO  
YOU THIS MORNING, AND FOR YOUR CONTINUING LEADERSHIP IN THE  
GENERAL ASSEMBLY ON BEHALF OF ALL SENIOR SOUTH CAROLINIANS.

Mrs. Randy Olafson, Director  
Special Programs and Services  
and Senior Employment  
Richland-Lexington Council on Aging  
Columbia, SC

Mrs. Olafson spoke in behalf of the older worker. The importance and special needs of this particular group of citizens was recognized by the Governor when he set up the "Employment Opportunities Committee" on his Resource Panel on the Elderly, chaired by Mr. John Lumpkin, Jr. More information on this Panel will be furnished by Mr. Lumpkin.

The Social Security System encourages elderly people to retire by imposing a yearly earnings limitation, and so does the lack of alternative work options; such as, part time, flexible hours or job sharing.

Specialized referral and placement services are needed for older workers in a youth-oriented market. Thirty job service offices in South Carolina now have a part time older worker specialist.

The Seek-a-Senior Program of the RLCOA, which serves primarily Richland County, is one of the few fully developed programs in South Carolina designed to meet the needs of older workers. There are other less developed programs operated by County Councils on Aging in Aiken, Spartanburg, Greenwood, and Orangeburg.

Mrs. Olafson thinks that housing the older worker referral and placement services in County Councils on Aging has two advantages: 1) the Councils are well established to deliver services to the elderly, and 2) are skilled in meeting their special needs.

She expressed her appreciation to the continued support of Richland County Council which enables RLCOA to offer their important program to the older worker.

Senator Rubin thanked Mrs. Olafson for her presentation and told her that she represents a vital agency in employing our senior citizens.

(Brochures giving additional information are on file in the Committee).





1800 Main Street - Suite 3-C  
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252-7734

September 17, 1982

REPORT TO THE LEGISLATIVE STUDY COMMITTEE ON AGING  
PREPARED BY (MRS.) RANDI OLAFSON, DIRECTOR  
SPECIAL PROGRAMS & SERVICES AND SENIOR EMPLOYMENT  
RICHLAND-LEXINGTON COUNCIL ON AGING

SENATOR RUBIN, MS. BUMGARDNER, HONORABLE COMMITTEE MEMBERS AND FRIENDS OF OLDER AMERICANS: I AM SO PLEASED TO APPEAR BEFORE YOU FOR THE FOURTH YEAR AND HAVE THE OPPORTUNITY TO ADVOCATE ON BEHALF OF OLDER WORKERS.

OUR GOVERNOR REALIZED THE IMPORTANCE AND SPECIAL NEEDS OF THIS PARTICULAR GROUP OF CITIZENS WHEN HE INCLUDED AN EMPLOYMENT OPPORTUNITIES COMMITTEE ON HIS RESOURCE PANEL ON THE ELDERLY, CHAIRED BY MR. JOHN LUMPKIN . MR. LUMPKIN WILL BE TELLING YOU MORE ABOUT THIS SPECIAL PANEL IN A FEW MOMENTS.

OUR CONGRESS REALIZED THE IMPORTANCE OF THIS PARTICULAR GROUP OF AMERICANS WHEN THEY VOTED LAST WEEK TO OVER RIDE THE PRESIDENTS' VETO OF THE SUPPLEMENTAL APPROPRIATIONS BILL WHICH INCLUDED TITLE V OF THE OLDER AMERICANS' ACT FUNDING FOR EMPLOYMENT OF OLDER WORKERS IN SERVICE PROVIDING AGENCIES. THE GOALS OF THE OLDER AMERICANS ACT HAVE SOUGHT TO ENSURE THAT GAINFUL EMPLOYMENT AND MEANINGFUL RETIREMENT ARE POSSIBLE FOR US ALL, AND INCLUDE PROMOTING OPPORTUNITIES FOR EMPLOYMENT WITHOUT DISCRIMINATION AND ENSURING RETIREMENT IN HEALTH, HONOR AND DIGNITY.

WHEN OLDER PERSONS ARE GIVEN THE OPPORTUNITY TO CONTINUE IN THE WORK FORCE IN SOME CAPACITY, THEY THEN HAVE THE FINANCIAL RESOURCES TO REMAIN INDEPENDENT AND MEET THEIR OWN PERSONAL NEEDS WITHOUT DEPENDING SOLEY ON GOVERNMENT FUNDED PROGRAMS. IN OTHER WORDS, BY PROVIDING EMPLOYMENT OPPORTUNITIES FOR OLDER PERSONS, WE ARE TREATING THE ILLS CREATED, RATHER THAN THE SYMPTOMS MANIFESTED BY UNEMPLOYMENT.



ALTHOUGH MANY OLDER PEOPLE WOULD PREFER TO CONTINUE WORKING, THE LACK OF ALTERNATIVE WORK OPTIONS, PART TIME, FLEXIBLE HOURS OR JOB SHARING, AND WORK DISINCENTIVES BUILT INTO SOCIAL SECURITY AND PRIVATE PENSION SYSTEMS ENCOURAGE THEM TO RETIRE. CURRENTLY, SOCIAL SECURITY IMPOSES A YEARLY EARNINGS LIMITATION.

IN A NATIONAL POLL CONDUCTED FOR THE NATIONAL COUNCIL ON THE AGING BY LOUIS HARRIS AND ASSOCIATES IN THE SUMMER OF 1981, IT WAS CONCLUDED THAT FLEXIBLE WORK ARRANGEMENTS ARE VIEWED WITH FAVOR BY MOST WORKING AMERICANS 55 YEARS AND OLDER PARTICULARLY BY THOSE AGED 55 to 64.

THE DESIRES AND NEEDS OF INDIVIDUALS TO CONTINUE WORKING FOR ECONOMIC AND PSYCHOLOGICAL REASONS NECESSITATE NEW STRATEGIES FOR CREATING ADDITIONAL EMPLOYMENT OPPORTUNITIES. WHEN FACED WITH UNEMPLOYMENT, A YOUNGER WORKER TENDS TO STAY IN THE LABOR FORCE AND SEARCH FOR WORK. HOWEVER, OLDER WORKERS ARE MORE LIKELY TO BECOME DISCOURAGED AND ABANDON THE SEARCH FOR A JOB ALTOGETHER. SPECIALIZED COUNSELING, REFERRAL AND PLACEMENT SERVICES ARE THUS NECESSARY TO HELP OLDER WORKERS SUCCESSFULLY COMPETE IN AN UNFAMILIAR AND OFTEN DISCRIMINATORY YOUTH-ORIENTED JOB MARKET.

THE S.C. EMPLOYMENT SECURITY COMMISSION IS MANDATED BY LAW TO SERVE ALL APPLICANTS LEGALLY QUALIFIED TO WORK. THE THIRTY JOB SERVICE OFFICES ACROSS THE STATE HAVE A DESIGNATED PART TIME OLDER WORKER SPECIALIST TO ENSURE THAT OLDER WORKERS GET A PROPER SHARE OF THE AGENCY'S PROFESSIONAL SERVICES. SPECIFICALLY, OLDER WORKER SPECIALISTS ASSIST APPLICANTS THROUGH SUCH SERVICES AS JOB DEVELOPMENT, COUNSELLING, INTEREST INVENTORIES, APTITUDE, PROFICIENCY AND ACHIEVEMENT TESTING, AND REFERRAL TO SUPPORTIVE SERVICES. HOWEVER, THE AGENCY'S RESOURCES ARE CURRENTLY TOO LIMITED TO SERVE ALL WORKERS WHO NEED SPECIALIZED ASSISTANCE.

THE SEEK-A-SENIOR PROGRAM OF THE RICHLAND-LEXINGTON COUNCIL ON AGING, SERVING PRIMARILY RICHLAND COUNTY, IS ONE OF THE FEW FULLY DEVELOPED PROGRAMS IN SOUTH CAROLINA MEETING THE SPECIAL NEEDS OF OLDER WORKERS. OUR PROGRAM OFFERS SUCH SERVICES AS RECRUITING, INTERVIEWING, SCREENING AND COUNSELING APPLICANTS, JOB

DEVELOPMENT, REFERRAL, PLACEMENT, AND FOLLOW-UP AND ADVOCACY. OTHER LESS DEVELOPED PROGRAMS ARE OPERATED BY THE COUNTY COUNCILS ON AGING IN AIKEN, SPARTANBURG, GREENWOOD, AND ORANGEBURG.

THE HOUSING OF OLDER WORKER COUNSELING, REFERRAL AND PLACEMENT SERVICES IN COUNTY COUNCILS ON AGING SEEMS ADVANTAGEOUS FOR TWO REASONS. THESE COUNCILS ARE WELL ESTABLISHED AS FOCAL POINTS FOR THE DELIVERY OF SERVICES TO THE ELDERLY AND ARE SKILLED IN MEETING THE SPECIAL NEEDS OF THIS POPULATION. I AM PLEASED TO SAY THAT OUR PROGRAM AT RLCOA CONTINUES TO BE A VITAL PART OF SERVICES TO THE OLDER WORKER DUE TO THE CONTINUED SUPPORT OF RICHLAND COUNTY COUNCIL, *beginning OCT. 1*  
*WITH ASSISTANCE FROM TITLE III-B*  
*OF THE OLDER AMERICANS ACT.*

SOUTH CAROLINIANS ARE NOW LIVING LONGER IN GOOD PHYSICAL AND MENTAL HEALTH. A GROWING UNDERSTANDING OF THIS FACT IS CHANGING THE THINKING OF OUR OLDER PEOPLE ABOUT THE FEASIBILITY OF FURTHER CAREERS. IT IS ALSO CAUSING MANY POLICY-MAKERS, LED BY YOU AND YOUR COMMITTEE, SENATOR RUBIN, TO EXAMINE CURRENT POLICIES THAT ARE RELATED TO THE OLDER WORKER'S PARTICIPATION IN THE LABOR FORCE. FOR THAT WE THANK YOU!

THE CONTINUED GROWTH OF OUR STATE'S OLDER POPULATION, THE EXPECTED INCREASE IN THE RATIO OF RETIRED TO EMPLOYED ADULTS, AND THE DWINDLING RESOURCES AVAILABLE TO THE AGING POPULATION IN SOUTH CAROLINA DICTATE THE URGENCY OF ADOPTING SOUND, LONG TERM POLICIES WHICH RESPOND POSITIVELY TO THE EMPLOYMENT NEEDS OF OLDER SOUTH CAROLINIANS.

THANK YOU FOR YOUR KIND ATTENTION AND THIS OPPORTUNITY.

John H. Lumpkin, Jr., Chairman  
Governor's Resource Panel on the Elderly  
Columbia, SC

Mr. Lumpkin, a former Chairman of the Commission on Aging, brought to the Committee's attention an initiative of Governor Riley's which will guide policy makers in meeting the needs of the State's present and future older generation.

While the State's total population increased only 20 percent, the older generation increased by 45 percent in South Carolina. This trend is expected to continue with the segment of persons over 80 years of age being the fastest growing one.

The Resource Panel consists of 38 members from throughout the State and is divided into six issues committees which deal with the following issues:

1. Long Term Care
2. Community Service Options
3. Employment Opportunities
4. Housing Alternatives
5. Life Enhancing Initiatives
6. Economic Security

These committees have been working for the last seven months and are expected to present their data by early November.

Mr. Lumpkin urged to Study Committee on Aging to utilize the Panel's findings in developing future legislative goals and priorities.

Senator Rubin said that recommendations from the Panel will be very helpful and that we are fortunate to have Mr. Lumpkin as Chairman of this Panel. The Committee looks forward to reading the forthcoming report. He recognized Mrs. Sarah Shuptrine, Director, Health and Human Services, Governor's Office, who had joined the Public Hearing. Mrs. Shuptrine used to be the Administrative Assistant to the Study Committee on Aging.

Legislative Study Committee on Aging  
Annual Public Hearing  
September 17, 1982  
Testimony Presented by:  
John H. Lumpkin, Jr., Chairman  
Governor's Resource Panel on the Elderly

Senator Rubin, members of the Study Committee on Aging, I am pleased to have the opportunity to bring to your attention today an initiative of Governor Riley's which he hopes will assist him as well as other policy makers as they plan for meeting the needs of the state's present older population and for those of us who hope to be in this group in the future. As you are aware the elderly population has increased by 45% in South Carolina over the last decade while the total population increased by only 20%. This trend is expected to continue over the next 10 to 20 years. Those persons over 80 years old are the fastest growing segment of the older population. The demographics alone dictate careful planning for initiatives and action in the future. The Governor's Resource Panel on the Elderly was established to do just that.

In January, Governor Riley established this Resource Panel by Executive Order and appointed 38 persons from throughout the state to work in six issues committees. Our mission is to study the present and future needs of the elderly and to develop goals and recommendations for action through government as well as the private sector. These areas which have been given primary attention were identified by the elderly and professionals alike as the most pressing concerns today. The committees for study include:

1. Long Term Care Issues
2. Community Service Options
3. Employment Opportunities
4. Housing Alternatives
5. Life Enhancing Initiatives
6. Economic Security

Each of these committees has been working over the last seven months to accomplish this mission. The members have worked many long, hard hours compiling data, researching issues, consulting experts on aging, and formulating responsible and thorough proposals. The committee reports are targeted for completion by early November.

Although it is too early for me to share with you the Resource Panel's conclusions and recommendations today, I encourage you to use this study when it is completed in developing your future legislative goals and priorities. I believe you will find this report to be consistent with the needs and concerns that this study committee continues to address legislatively. With present fiscal constraints and loss of revenues it is more important than ever that we continue to develop strategies and plans, both short range and long range, to assure that our resources are applied in a coordinated and responsible manner. In this way our efforts and those of our state legislators will have the maximum positive impact upon our older citizens. As chairman of the Resource Panel on the Elderly I urge you to use this report to further support and perhaps identify some of your legislative initiatives over the next few years.



Mr. W. J. Castine  
State Legislative Committee  
American Association of Retired Persons  
Columbia, SC

Mr. Castine's statement is on the following page. In reference to a Hospital Rate Review Commission (see No. 3 on the next page), Senator McLeod asked for the present status on this issue.

Senator Rubin interjected that this item is strongly opposed by the S. C. Hospital Association.

Dr. Parrish asked Mr. Castine to elaborate on the Hospital Rate Review Commission.

Mr. Castine replied that he does not have an answer as to how to go about setting up such a Commission, he only knows hospital costs have to be brought under control.

THE AARP STATE LEGISLATIVE COMMITTEE

Statement to the Legislative Study  
Committee on Aging, September 17, 1982

Mr. Chairman and members of the committee, I am W. J. Castine, speaking for the AARP State Legislative Committee. Last year I spoke to you as chairman of the Joint State Legislative Committee, NRTA-AARP. These two associations have merged and we are now one, AARP, with nearly 90,000 members in South Carolina. I shall mention this morning several issues which we consider vital and worthy of study and action by the General Assembly.

1. Establish a "community care" program for a statewide coordinated system of home-delivered and community-based services designed to help people stay in their homes as long as possible. Elderly persons with functional impairments would be eligible for a full range of services that will permit them to remain in their homes.

2. Establish a hospice program to provide care, in the most comfortable setting, to a terminally ill person. Hospice care should also include support for the family of the patient. Hospice programs should make use of the full range of services, in-patient and out-patient and home care.

3. Establish a hospital rate review commission (or board) as one means to begin to control the spiraling cost of health care.

4. Revise the South Carolina Probate Code, establishing a process for probating estates with savings of time and costs.

5. Eliminate age as a factor in mandatory retirement, which would mean that ability to perform the job would be the only permissible reason for retiring a worker.

6. Increase the amount of homestead exemption for the elderly. Reassessment of real property for tax purposes will certainly add to the tax burden of many elderly who are already struggling to maintain their homes.

7. Improve retirement benefits for retired state employees and retired teachers.

This committee is aware of and has discussed a number of other issues and proposals that would benefit elderly persons. We will continue to work with other groups and organizations in pursuing legislation beneficial to all elderly persons in South Carolina.

*§ 2401 - minimum standards for conversion of real  
estate to condominiums.*

Mr. Arthur J. H. Clement, Jr.  
State Coordinator  
AARP's Citizen Representation Project  
Columbia, SC

Mr. Clement's testimony addressed the problems caused by arbitrary age retirement. He called the "warehousing" of thousands of retirees in sterile senior citizens complexes or nursing homes a "tragic, shameful and pitiful waste" of trained/skilled human resources. Many of these senior citizens could be utilized in advisory capacities, such as serving on boards and commissions. Statistics say that by the year 2000, America will have more people over 55 years of age than under 10 years of age.

Twenty states have passed legislation which requires that boards and commissions considering legislation affecting senior citizens have a senior citizen as a board member.

He presented to the Committee a manual entitled South Carolina Boards and Commissions, which lists a wide variety of opportunities for service for older citizens.

Senator Rubin expressed his appreciation over the publication and that the Committee was very glad to have cooperated in this project.

Mr. Clement told him that the Washington Office had called him to apologize for not having Senator Rubin's signature on the introduction letter; however, another supply is coming and the signature will be in these manuals.

Senator Rubin wanted to know how extensive the plans were for distribution of these manuals.

Mr. Clement replied that he would like to give one to those persons who are interested in the aging citizens of South Carolina. He asked for a show of hands as he had a supply of the publication with him.

(Mr. Clement's testimony and attached Joint Memorial follows. A copy of the discussed publication is on file in the Committee).

To: South Carolina Study Committee On Aging  
Blatt Building---Columbia---9/17/82

From: Arthur J.H. Clement, Jr., State Coordinator  
AARP's Citizen Representation Project

We commend this Committee for giving concerned citizens this opportunity to present their interests and hopes for whatever consideration you may deem advisable. It definitely emphasizes our faith in the democratic system and the value of communicative interchange. We thank you.

Here in South Carolina we have some half million citizens who are considered senior citizens. Thousands of these are in nursing homes scattered about our state. Other thousands are in senior citizens housing/residential complexes. Both of these developments are recent intrusions upon our societal scene. Those confined and isolated, plus those who find management of a normal homesite too expensive, too demanding, too troublesome--not too many decades ago were normally cared for by their respective families and relatives in the home, or nearby residences. As to whether the "wharehousing" and isolating of our elders is the more advisable for handling our aging population only Time will definitively answer. Amongst these elderly South Carolinians are physically and mentally alert retired business executives, Armed Forces skilled retirees, college and secondary school administrators, professors, teachers-retirees, agricultural, vocational and technical retirees with volumes of constructive experiences and practical information that South Carolina should be utilizing on public and private councils, boards and commissions. Our industrial and private/business complex continues to debate the age at which an employee should be considered to be "too old" for employment. Arbitrary age limits subjected to actual experience, poured into computers continue to project conflicting statistics as to the ideal retirement age, be it 65, 68, 70 or 72. While these

debates occur, the relentless movement of unmanageable factors-- health and disease--develop new figures for further age adjustments. The prognosticators now say that by the year 2000 the American population will have more persons over age 55 than under age 10. On the basis of the validity of these figures--it is tragic, shameful, a pitiful waste of a tremendous volume of trained/skilled human resources to contemplate that the ultimate depot for these aging Americans/South Carolinians is a sterile senior citizen complex, or a nursing home. Thousands of these citizens are serviceable, usable in advisory, counseling capacities in our business, political economies. We strongly suggest to this Study Committee on Aging that they first search their own hearts and their personal projections of what they would like to happen to them--if they live too long. Upon your retirement and your mind is alert, you are emotionally balanced and physically active would you as a retiree want your experience, developed talents and skills go unutilized simply because you had reached some arbitrary retirement age. I believe you will want to be UTILIZED. Many of our industrial and financial institutions are recalling retired presidents and other officers to serve on advisory committees in anticipation that their experiences and accumulated knowledge will assist these institutions in successfully working themselves out of the doldrums of the recent and current recession. Amongst the thousands of elder South Carolinians are those with a wealth of constructive experiences and trained intellects that could be utilized effectively in local and state affairs--public and private. Regulations, rules, laws, statutes, legislative decisions being considered and debated that will have an impact on elder citizens could be better developed if these citizens could share their reactions on boards and commissions. Some twenty states have already passed legislation that state boards and commissions considering legislation having impact on senior citizens ---have a senior citizen as a board member.

We are presenting today--to you--a manual listing such boards and <sup>issions</sup> ~~commissions~~ in South Carolina and invite your consideration and implementation by proper recommendations to our State Legislature. The 250,000 members of the American Association of Retired Persons in South Carolina are much concerned about this matter of Citizen<sup>s</sup> Representation on local, regional and state boards and commissions both in the public and private sector. This Citizen Representation Project has been initiated with the objective of encouraging state legislatures to take a definitive look at its senior citizens, to develop avenues to utilize these experienced and already trained citizens in an effective manner. These citizens should not be shunted aside and isolated from the thrill and excitement, the give and take of active living. They represent a great state resource that should not be carelessly handled.

Keep in mind that older citizens who continue to be involved in the day to day activities of their communities are more satisfied with life and less prone to <sup>anxiety,</sup> ~~anxiety,~~ depression and bodily symptoms of pains and aches than those who sit around with nothing to do, or no interest to keep them active and alert. It is an established fact confirmed by geriatric authorities that "if you don't remain active in some viable, meaningful interest, you are going to deteriorate bodily, mentally." If you will look amongst your peers who remain active you will find they are living longer and better---years after they retire from their normal career employment.

We urge your serious involvement in helping South Carolina senior citizens who are anxious to be of service---let them be of service by your urging all authorities with appointive and selective powers to include these elder South Carolinians. We solicit your constant interest in this matter.



A JOINT MEMORIAL

REQUESTING THAT THE GOVERNOR OF NEW MEXICO CONSIDER THE APPOINTMENT OF ELDERLY CITIZENS TO STATE BOARDS AND COMMISSIONS IN EQUAL PROPORTION TO THEIR POPULATION WITH THE STATE OF NEW MEXICO.

WHEREAS, the elderly population of New Mexico is approximately 146,000 persons, constituting approximately ten percent of the state's total population; and

WHEREAS, the elderly population of New Mexico is comprised of men and women who have a wide variety of talent and experience in various fields of endeavor; and

WHEREAS, elderly citizens can make a greater contribution to the governing of New Mexico by increased membership on the various commissions and boards whose members are appointed by the governor; and

WHEREAS, elderly citizens are eager to serve on these commissions and boards;

NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO that it urges the governor of New Mexico to consider the appointment of elderly citizens to state boards and commissions in equal proportion to their population within the state; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the governor and the director of the state agency on aging. \_\_\_\_\_



The Legislature  
of the  
State of New Mexico

35th Legislature, 1st Session

LAWS 1981

CHAPTER \_\_\_\_\_

SENATE JOINT MEMORIAL 7

Introduced by

SENATOR CHRISTINE A. DONISTHORPE

Dr. James Allen, Chairman  
Department of Medicine  
Medical University of South Carolina  
Charleston, SC

Dr. Allen documented the activity regarding the development of the McKnight-Boyle Chair in Gerontology which will be under the administrative auspices of the Department of Medicine.

While this endowment enables MUSC to pay a salary sufficient for a qualified professional, other resources must be developed to guarantee a successful program: 1) in-patient and out-patient clinical facilities; 2) salaries for support personnel; 3) research space and funding; and 4) additional salaried positions which will aid in the development of effective teaching and research programs.

Funding of these resources will not be easy in the present financial climate; however, two recent developments by the Federal Government relative to gerontology are of significance. One is the establishment of the National Institute on Aging and the Veterans Administration is funding geriatric research education and clinical centers through existing VA hospitals. It is Dr. Allen's understanding that 8 of these centers have been established and 7 more will be established within the next few years. With this support MUSC has the opportunity of an in-depth program in gerontology which should rank among the finest in the country.

Discussions were held with the Director of the Charleston Veterans Administration Hospital and the following has been identified: 1) space and support personnel for the development of a gerontologic inpatient facility with 30-38 beds; 2) outpatient facilities; 3) assistance in rehabilitation, psychological counseling and social services; 4) backing for the recruitment of a nurse-specialist in geriatrics; 5) space for clinical research; 6) negotiations are under way for allocation of laboratory research facilities; and 7) teaching space within the Department of Medicine at MUSC.

It is Dr. Allen's intention to begin recruitment for the McKnight-Boyle Chair no later than January 1, 1983.

Senator Rubin considers this development to be a real breakthrough. He asked if the endowment specifies a chair in gerontology.

Dr. Allen informed him that the exact specification of the fund was in the hands of a Committee and did occur before he arrived. While there is some flexibility in the fund, establishment of the chair was the key ingredient.

Reverend Meadors asked about the origin of the endowment.

Dr. Allen said it was his understanding that Mr. McKnight is a very high official with the IBM Corporation and his recognition of Dr. Boyle's work--which did not relate to the area of aging as Dr. Boyle is primarily a physiologist--led to the development of this Fund. Dr. Boyle is a member of the faculty of MUSC.

Dr. Parrish wondered if there is some consideration for senior Americans to enter into this gerontology program once it is initiated.

Dr. Allen asked if he meant on the professional level.

Dr. Parrish explained at the level of acquiring gerontological information and knowledge as we matriculate in it.

Dr. Allen thought this to be a very important point. He explained that the thrust of the Department of Medicine at the Medical University involves a significant extrapolation of information. "We are into pertinent areas, whether it be in the form of continuing medical education or education of population. Obviously this is a step in the program which is down the line, but it is something which we would strongly endorse."

Rep. Harris asked if there would not have to be any further capital expenditures to provide for bed space and class rooms since these particular facets of the operation have already been identified.

Dr. Allen replied that, of course, they never want to discourage capital expenditures. They are trying to utilize resources which can be developed in hand. It is their anticipation that the attraction of a quality man or woman to this job will allow the development of external sources of revenue from the Federal Government and from private agencies which hopefully can augment this activity. Right now they are identifying those things they can do.

Senator Rubin thought this reasonable. Being an ex officio member of the Board he will try to encourage this program.



## Medical University of South Carolina

171 ASHLEY AVENUE / CHARLESTON, SOUTH CAROLINA 29425

September 17, 1982

Comments by Dr. James C. Allen, Chairman of the Department of Medicine,  
MUSC, before the Study Committee on Aging of the State of South  
Carolina Friday, September 17, 1982

Senator Rubin and Members of the Committee

It is a privilege to appear before you on behalf of the Medical University, to document our activities relative to the development of the McKnight-Boyle Chair in Gerontology now held by the University.

While major thrusts toward development of academic programs in Gerontology by most medical schools throughout the country are relatively recent, the importance of this discipline to the mission of schools for medical education is now well established. We recognize the singular opportunity to develop an academic program in gerontology at MUSC which is provided by the presence of the McKnight-Boyle Endowment. In keeping with the current expression of this academic discipline among most medical schools in this country, development of Gerontology at MUSC will occur under the administrative auspices of the Department of Medicine, and the completion within the past 3 months of recruitment for Chairman of that Department opens the way for this development to proceed. I am pleased to report to you that during this brief interval significant progress to this goal has occurred.

Clearly the presence of the McKnight-Boyle Endowment provides MUSC with the means of paying a salary adequate to attract a senior and highly qualified professional to this role. In addition, however, resources must be developed to provide the other ingredients necessary for the evolution of a successful program. These include in-patient

and out-patient clinical facilities, salaries for support personnel, research space and funding, and additional salaried positions adequate to provide the critical mass at the professional level necessary for the evolution of effective teaching and research programs. While the majority of proceeds of the endowment must be expected to provide a competitive salary for the type of individual we need, they may be used to provide some of this additional type of support as cannot be developed in other ways.

Funding of these other aspects of the Gerontology program will not be easy in the financial climate under which all universities are now operating. We have, however, made significant strides in this direction. As you are more aware than I, the federal government has channeled finances toward the discipline of Gerontology in several ways. Establishment of the National Institute on Aging is a case in point. Further, the Veterans Administration is funding Geriatric Research, Education and Clinical Centers through existing Veterans Administration Hospitals to provide clinical teaching and research support in this area. It is my understanding that approximately 8 of these centers have been established, and that an additional 7 will be established over the next few years. The circumstances extant at MUSC have indicated that utilization of this resource offers the opportunity for development of an in depth program in Gerontology in Charleston which should rank among the finest in this country.

With this approach in mind, we have had a series of discussions with Mr. Fred Hoefer, Director of the Charleston Veterans Administration Hospital, and members of his administrative team relative to the development of a quality, expansive gerontology program utilizing resources available through the VA and through MUSC, including the McKnight-Boyle Endowment. Space and support personnel for the development of a gerontologic inpatient facility of between 30 and 38 beds, facilities for outpatient gerontologic activity, and collaborative help in rehabilitation, psychological counseling, and social services have been identified. Backing for the recruitment of nurse-specialist in Geriatrics has been achieved. Space in which clinical research facilities may be developed has been identified. Negotiations are in process for the allocation of laboratory research facilities.

Teaching space within the Department of Medicine at the Medical University is available, and collection of professionals of high scientific and academic caliber to interface with the gerontologic program is in hand. Amalgamation of the Veterans Administration Hospital into this activity has been viewed positively by the Regional Director of the Veterans Administration, and is to be presented to Dr. William J. Jacoby, Deputy Chief Medical Director of the Veterans Administration during his visit to Charleston October 1. A proposal for the development of a Geriatric Research, Education and Clinical Center in conjunction with this program is in preparation. It is my intention to have the structure of this program finalized in the immediate future, so that recruitment for the McKnight-Boyle Chair can begin no later than January 1 of 1983.

The McKnight-Boyle Endowment provides South Carolina with the opportunity to develop a broadly based academic program in Gerontology which can encompass multiple facets of the psychological and clinical aspects of aging, research related to, or pertinent to gerontology, and teaching of gerontology at the medical school and postgraduate levels, which should serve as an example of excellence among academic programs in this important discipline. It will be a source of significant personal pride for me to be able to work with the Medical University in bringing these plans to fruition.

Thank you for your interest and your attention.

Mr. Orville Wainner, S. C. Federation  
of Chapters of the National Association  
of Retired Federal Employees (NARFE)  
Columbia, SC

This presentation was made at the request of the current State President, Mr. William George of Spartanburg, in behalf of the 22,000 Civil Service annuitants in South Carolina.

The Federation appreciates the many benefits secured for senior citizens of South Carolina, especially the Homestead Tax Exemption. However, reassessment will nullify a great deal of the benefits. Also, relief for senior citizens who rent is needed. They support the following measures which were not passed at the last session: Condominium Conversion, Death with Dignity, Drivers' License, Estate and Gift Taxes, Funeral Services, Uniform Probate Code and Victims Compensation.

However, of major importance to the Federation is the exemption on South Carolina income taxes of the annuities of the 22,000 Federal Civil Service annuitants. In March of 1964 an amendment to the 1962 Code provided an exemption of \$1,200 of the annuities on South Carolina personal income taxes. This exemption needs to be increased.

Mr. Wainner pointed out that with the exception of Federal Civil Service and Military Retirees' annuities, practically all other annuities are completely exempt from income tax.

He referred to Exhibit "A" (attached) which shows the status on income taxes of Civil Services annuities in all states and was compiled by the Federation's National Office. This shows that South Carolina is at the bottom of the list with the lowest amount.

Since the \$1,200 tax exemption was granted, the maximum of Social Security benefits (for an aged couple with the worker retiring at 65) was very low. However, Social Security benefits--all of which are exempt from State tax--have progressively increased. Yet there has been no increase in the exemption of Civil Service annuities.

Based on percentages listed on Exhibit "B" (attached), approximately three-fourths of the 22,000 Civil Service and/or survivor annuitants receive less than \$1,000 per month. This is the group which would benefit the most by an increase in the exemption.



Realizing the tight financial situation the State is in at present, they would be willing to accept a gradual increase of the exemptions, starting with tax year 1983. The suggested increases are listed in Mr. Wainner's presentation (see page 39).

The loss of revenue to the State Treasury should be offset by the reduction of at least 15,000 tax returns processed by the Tax Commission, which could save several employee positions.

Senator McLeod wanted to make sure he had understood correctly that the average Civil Service annuity is less now than the average Social Security payment and that in 1962 the Civil Service annuity was higher than Social Security.

Mr. Wainner confirmed this. The law which granted the Retired Federal Civil Service Employee an exemption was not passed until 1962, after this group got organized and started to push for an exemption; whereas the Social Security exemption was passed in the mid-1930's. He elaborated that they are getting hard pressed now since Congress has taken away their cost-of-living increases. In his opinion it is the cost-of-living increases that are creating the problem with the budget. Congress did not appropriate funds to the Retirement Program for more than 20 years; they were supposed to contribute one-half and the Federal Employees the other half. And through the efforts of Civil Service Employees and Retirees pushing this, they finally got a law passed through Congress to make them pay back the amount they owe plus the interest on it.

Senator Rubin assured Mr. Wainner that these considerations have not gone unnoticed. Appropriate Committees have addressed themselves to the issue; however, in the last year or two we have been on a fiscal survival basis in the State.

Senator Doar asked if this Organization represents the Military Retirees.

Mr. Wainner informed him that they do not, but they get the same exemption they do as far as the State Income Tax is concerned on their annuity.

Senator Rubin wanted to know if Federal Employees are also eligible for Social Security.

Mr. Wainner answered that some may be. He himself does not receive any Social Security as he was in Federal service at the time the Social Security law was passed and when he retired, he did not go to work to earn some interest under the Social Security.

NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES  
SOUTH CAROLINA FEDERATION



Senator Hyman Rubin, and  
Members of the South  
Carolina Study Committee  
On Aging.

Columbia, South Carolina  
September 17, 1982

My name is Orville Wainner. I am a Past President of the South Carolina Federation of Chapters of the National Association of Retired Federal Employees. (N. A. R. F. E.)

At the request of our current State President, Mr. William George of Spartanburg, S.C. I am appearing before you on behalf of the 22 thousand Civil Service annuitants in South Carolina.

I want to express thanks to your Committee, and other prior members thereof, for the many benefits secured for Senior Citizens of South Carolina, one of the major being the HOMESTEAD EXEMPTION. However, we cannot rest on the current exemptions since reappraisements are about to wipe out a great deal of the benefits. Also this homestead exemption applies only to the home owners and does not provide relief for the renters who are Senior Citizens. We know your Committee is studying this situation and hope you can secure passage of an amendment to the tax laws which will remedy this lopsided benefit.

We are also supportive of several measures pending now, as reflected in the Thirteenth Annual Report of your Committee dated June 1982, which were not completed in the recently closed session of the Legislature, such as: Condominium Conversion; Death with Dignity; Natural Death Act; Drivers License; Estate and Gift Taxes; Funeral Services; Probate Code; and Victims.

Last, but not least, and of major importance to the 22 thousand Federal Civil Service annuitants in South Carolina, is the exemption on South Carolina income taxes of their annuities. In March 1964 there was passed an amendment to Section 65-225 of the 1962 Code, which provided an exemption of \$1,200.00 of the annuities on South Carolina personal income taxes. We feel the time has come to increase the exemption. In this connection, I would like to point out that with the exception of Federal Civil Service annuities and annuities of Military Retirees, practically all other annuities are completely exempt from income tax and not even reportable. This includes Social Security benefits; Railroad Retirement Board annuitants; South Carolina State employees annuities; Teacher Retirement annuities; and Veterans Administration Benefit payments.

Exhibit "A" attached, taken from information compiled by our National Office, shows the status on income taxes of Civil Service annuities in all States. Many retiring employees from Washington, D.C. and the Northern area are migrating Southward, but are now by-passing South Carolina for States which have no income tax or provide greater exemption of their annuities. An increase in the exemption on South Carolina income tax would entice more of these to settle in this State. Each additional retiree coming into South Carolina adds to the community as a whole, without adding to unemployment, burdens of Police forces, welfare rolls, etc. A large number would purchase homes, and add to savings accounts making more funds available for loans. Many of such retirees become volunteers with charitable organizations and Church work.

We are aware that the State Budget and Control Board and the Legislature, with the Governor's leadership, finds it difficult to prorate funds received sufficient to meet all the desired goals. However, we would beg your indulgence and assistance in increasing the exemption of our annuities

in their entirety, or at least to the maximum of Social Security benefits. With the cost of living increase in July of 7.4%, this now amounts to \$1,093.00 per month for an aged couple with the worker retiring in 1982 at age 65, or roughly \$13,000.00 per year.

I would like to point out that in March 1964, at the time the law was approved granting the \$1,200.00 exemption, the maximum of Social Security benefits for an aged couple with the worker retiring at age 65 was very low. Since then, the Social Security benefits, all of which are exempt from State tax, have progressively increased to the \$1,093.00 per month indicated above, but there has been NO, I repeat NO increase in the exemption of Civil Service annuities. Are we considered second-class citizens and not entitled to any increase in tax exemption?

I would like to again call your attention to Exhibit "A" attached. You will note that 10 States have no income tax laws; 5 States apparently provide for no exemption of Civil Service annuities on income tax. The remaining 35 States provide for exemption of from \$1,200.00 to total exemption, with South Carolina being at the bottom of the list with the lowest amount.

I have also prepared attachment "EXHIBIT B" for your information. Of the 22 thousand Federal Civil Service annuitants and Survivor annuitants residing in South Carolina, I have given a breakdown of the number and the percentage in a number of levels of annuities based on the National average, as provided in a report of the U.S. Office of Personnel Management as of Sept. 30, 1980. You will notice that 65.17% of the annuitants and 96.23% of the survivor annuitants on the National level receive annuities of less than \$1,000.00 per month. Based on these percentages, 16,082 of the 22,000 residing in South Carolina, receive less than \$1,000.00 monthly for a percentage of 73.10% or approximately three-fourths. You can readily see it is this group which would be

benefited the most by any increase in the exemption.

We realize the current financial situation facing the State of South Carolina. While we would like to have exemption on all our annuities, we would be willing to accept a gradual increase of the exemptions by the approval of a Bill providing increase substantially as follows:

Increase \$1,200.00 to \$2,400.00 for 1983 tax year.

Increase \$2,400.00 to \$4,800.00 for 1984 tax year.

Increase \$4,800.00 to \$7,200.00 for 1985 tax year.

Increase \$7,200.00 to \$12,000.00 for 1986 tax year.

Increase \$12,000.00 to ALL for 1987 tax year.

The loss of revenue to the State Treasury, by granting the above increases, would not be a complete loss. With each step of increase in exemption, there would be a corresponding decrease in the number of income tax returns to be processed by the Tax Commission. A reduction of at least 15,000 tax returns should result in saving of several employee positions.

I appreciate the opportunity to appear before this Committee and I thank you for taking the time to listen to our plea.

*Orville N. Wainner*  
ORVILLE N. WAINNER, Past President,  
South Carolina Federation of Chapters, NARFE,  
3932 Bright Ave,  
Columbia, S.C. 29205  
Telephone: 787-7505

"EXHIBIT A"

CIVIL SERVICE ANNUITIES AND STATE INCOME TAXES

States having no personal income tax: 10

Alaska  
Connecticut  
Florida  
Nevada  
New Hampshire  
South Dakota  
Tennessee  
Texas  
Washington  
Wyoming

States having all Civil Service Annuities exempt: 8

Alabama  
Colorado  
Hawaii  
Illinois  
Kansas  
Massachusetts  
Pennsylvania  
Minnesota

States providing no exemption: 5

Louisiana  
Maine  
Missouri  
Nebraska  
Vermont

States providing various exemptions:

\$1200	South Carolina
1680	Wisconsin
2000	Delaware; Georgia
2400	Oregon
2500	Arizona
2600	Maryland
3000	North Carolina; Virginia
3600	Montana
4000	Kentucky; Ohio; Oklahoma; W. Virginia
4800	Utah
5000	Mississippi; North Dakota
6000	Arkansas; New Mexico
6150	Idaho
6500	Iowa
10,000	Michigan
20,000	New York

Equal to Social Security:

New Jersey

Retirement Income Credit:

Rhode Island; California; Indiana

EXHIBIT "B"  
INCOMES OF ANNUITANTS AND SURVIVORS  
BY LEVELS OF ANNUITIES

NATIONAL LEVEL

<u>AMT. OF ANNUITY PER MONTH</u>	<u>ANNUITANTS</u>	<u>%</u>	<u>SURVIVORS</u>	<u>%</u>	<u>TOTAL</u>	<u>% of total</u>	<u>% of total applied to 22,000 S.C. annuitants</u>
Less than							
200.00	75,528	6.05	125,151	29.28	200,679	11.98	2636
500.00	282,030	22.60	319,357	74.71	601,387	35.90	7,898
1,000.00	813,170	65.17	411,344	96.23	1,224,514	73.10	16,082
2,000.00	1,176,638	94.3	426,953	99.88	1,603,591	95.73	21,061
3,000.00	1,238,156	99.23	427,444	99.998	1,665,600	99.43	21,875
3,000.00 & over	9,552	0.77	8	0.002	9,560	0.57	125
TOTAL	<u>1,247,708</u>	<u>100</u>	<u>427,452</u>	<u>100</u>	<u>1,675,160</u>	<u>100</u>	<u>22,000</u>

Dr. Ernest Furchtgott  
Department of Psychology  
University of South Carolina  
Columbia, SC

This testimony was given by Dr. Furchtgott not as a representative of USC but as an educator who has taught courses on the Psychology of Aging on the graduate as well as undergraduate level. He is in his 34th year as a university faculty member and joined the Gerontological Society, of which he is a Fellow, in 1962.

USC has been offering an 18-semester hour post-baccalaureate interdisciplinary certificate program in gerontology during the past three years, and all of the courses are available in the evening to enable employed individuals to attend. His students range in age from the teens to the 70's and include nurses, social workers and other personnel working in settings serving elderly clients. Dr. Furchtgott believes that a person trained in gerontology can deal more effectively with the elderly than an individual trained in his/her profession only. .

The first part of his presentation addressed the lack of recognition by the S. C. State Personnel Division toward employees who seek additional specialized training in the gerontology course. In contrast, the U. S. Veterans Administration provides higher pay classifications for personnel with this additional specialty training. The S. C. State Personnel Division neither requires special training nor do they offer any incentive, such as making a slight adjustment in routine work schedules, to employees who seek additional special training.

He asked the Committee to use their influence so that the State Personnel Division takes into consideration training in gerontology. He hopes that with the new employee personnel evaluation method, to be introduced in July 1983, formal recognition will be given to employees who have a certificate in gerontology.

The second issue addressed the establishment of an Institute of Gerontology. Most neighboring states have institutes or informational agencies attached to one of their universities. South Carolina has several agencies pertaining to youth but none that deals with the aging. Detailed information is available to the Committee if it so desires.



Senator Rubin asked if he seeks the Committee's support in encouraging this additional training for those who are working with the elderly.

Dr. Furchtgott replied yes, some formal recognition should be given for individuals who have training in gerontology. At the present time most state agencies will not give any recognition for actual training in gerontology despite the fact that there is more misinformation about the aged than there is about children.

Senator Rubin agreed with him on the misinformation. He asked Dr. Furchtgott to talk about the psychology of memory...

Dr. Furchtgott commented that if there were funds available, we could establish a memory clinic. There are various places that have memory clinics, Boston for example, which help individuals improve their memories.

Senator Rubin wanted to know if there is a marked decline with the advancing age.

Dr. Furchtgott confirmed this but called it "normal."

Senator Rubin said that they will try to be helpful. He referred to the S. C. Gerontological Society and said that programs and recommendation from them could be utilized.

TESTIMONY PRESENTED AT THE HEARING  
OF THE SOUTH CAROLINA JOINT STUDY COMMITTEE ON AGING

by

Ernest Furchtgott

Senator Rubin and Members of the Committee:

Let me say at the outset that I am not speaking as a representative of the University of South Carolina, any of its units, or for any state agency. My remarks are those of an educator who is beginning now his 34th year as a university faculty member and who first joined the Gerontological Society, the major American Society devoted to furthering education, research and improvements in the method of service delivery to our older citizens, in 1962. I am Fellow of the Gerontological Society.

In teaching courses on the psychology of aging, on both the graduate as well as undergraduate level, to students ranging in age from the teens to the 70's, I frequently had individuals in class who were in work settings serving elderly clients. In graduate courses this included nurses, social workers, AAA personnel, etc. At the start of each course I usually administer the Palmore Quiz which measures factual information about age changes. The questions are not esoteric; they all pertain to effects which have practical consequences. While most, but not all, students who also had experience in working with older individuals tended to perform better on the test than undergraduates, invariably the Quiz indicated that the students could greatly benefit from further training in gerontology.

During the past three years the University of South Carolina has been offering an 18-semester hour post-baccalaureate interdisciplinary certificate program in gerontology geared primarily for individuals who are, or

plan to work with the elderly. All of the courses are available in the evening to make it possible for employed individuals to enroll in these courses. At the successful completion of the 18 hours the student receives a certificate which indicates that the student has achieved a certain level of competence in gerontology. The program includes both classroom as well as field experiences with well and disabled elderly. I believe that a person specifically trained in gerontology can be more effective in working with the elderly than a professional who may be well trained in her/his speciality, such as nursing, social work, psychology, etc., but who has not had training in gerontology.

At present, the U.S. Veterans Administration recognizes the value of such training by providing a higher pay classification for nurses and other personnel who receive such additional specialty training. Unfortunately, the South Carolina State Personnel System does not provide any incentive for employees to receive additional training which will help them to be more effective on the job. Indeed, some agencies are not even willing to make slight adjustment in their routine work schedule to permit employees who are interested in obtaining the certificate on their own time to attend classes. For example, in one agency where the work schedule is 8:30 A.M. to 5:00 P.M., some employees requested to start working one day a week at 8:00 A.M. and work until 4:30 P.M. so that they could enroll in the gerontology course. Even such a minor adjustment was denied by the supervisor.

I realize that each state agency has a certain degree of autonomy in promulgating work regulations and what's more important, we are in a period of fiscal exigency which does not permit state agencies now to boost the

pay of employees who improve their competence. However, with the new employee personnel evaluation method which will be introduced in July 1983, I hope that formal recognition will be given to those employees who work with the aged and who receive a certificate in gerontology. Furthermore, as vacancies should occur in positions serving elderly clients, first priority should be given to those individuals specifically trained in gerontology. Just as we would not hire a first grade teacher, or even a kindergarden teacher, not specifically trained to work with such young children, similar consideration, perhaps less rigid ones, should apply to those working with the elderly. It is paradoxical, that we require a considerable amount of formalized training to work with young children but no training in working with the elderly. Yet, we have much evidence that most college students <sup>and adults</sup> have more information about the characteristics of children than the characteristics of the elderly. There is more misinformation and there are more negative stereotypes <sup>resulting from lack of knowledge</sup> about the elderly than about children. I hope that this committee will influence the State Personnel Division and the various state agencies which serve the elderly to take into account gerontological training when making personnel decisions affecting our older citizens.

The second issue which I would like to raise is to some extent related to the first. Several institutions of higher learning in the state have faculty members who are experts in diverse areas of gerontology spanning the spectrum from medicine to economics. In today's financial climate, no state agency can afford to <sup>acquire</sup> ~~hire~~ such a storehouse of knowledge. Yet, this source of information lays untapped because there is no place that the agencies can contact to determine whether such expertise is available.

In the past, some state agencies have actually employed costly out-of-state private contractors to obtain data that could have become available much more reasonably from institutions within the state. Even more significant, state agencies are frequently lagging in taking advantage of new developments in gerontology. Most neighboring states have bureaus, institutes or other educational, informational and service agencies attached to one of their universities. Here again, South Carolina which has several institutes pertaining to youth has nothing pertaining to the elderly.

Again, I am quite aware of the financial condition of the state. However, I believe that with an absolute minimal initial outlay an Institute of Gerontology representing a consortium of state supported institutions of higher education can be established. Such an Institute would in the long run, or even in the short run, actually save the state money in providing services for the elderly. A major function of such an organization would be to assist agencies in the dissemination and utilization of research <sup>developments</sup> and knowledge in aging. This will provide for more effective and efficient utilization of technologies and policies. Again, let me point out that there are several institutes in state supported educational institutions oriented to child development, but none in gerontology or geriatrics. Since my time is limited, I cannot give you any details here, but I will be happy to provide the committee an outline which has been developed by a group of faculty members of the University of South Carolina.

Thank you very much for giving me this opportunity to testify.

# Appendix to Testimony Presented

COURSE EVALUATION - 1982

Students enrolled - 20  
Evaluations received - 20  
Returned - 100%

NAME OF COURSE: Interdisciplinary Approach to Gerontology

INSTRUCTOR: Dr. Ernest Farchgott, Coor  
Dr. Eui-Hang Shin  
Dr. B. Theodore Cole  
Dr. Gerald L. Euster

Students enrolled for UG Credit N/A  
Students enrolled for G Credit 15  
Students enrolled for CEU Credit 5

1. How helpful did you find this course:

Overall Rating: 4.00  
(Helpful to Very Helpful)

Little or no help 0  
Some help 2  
Helpful 2  
Very helpful 9  
Extremely helpful 6  
Not Marked 1

For purpose of analysis, please indicate your professional involvement in the field of aging and your education background:

Position: Not marked	3	Director of Social Work	2
Administrator	1	Activities Director	1
Social worker	3	Community Resources Developer	1
Nursing Director	1	Program Nurse Specialist	1
Program Director	1	Assistant AAA Director	1
Aging Volunteer	1	Elderly Services Coordinator	1
Aging Program Super.	1	Instructor - Family Medicine	1
Program Coor.	1		

Age between: 20 - 30 8  
30 - 40 6  
40 - 50 1  
50 - 60 3  
Over 60 1  
N/M 1

Educational Background:	Did not complete High School	Did complete High School
	Completed some College	2 year degree
	College graduate (4 yrs.)	Master's degree
	Doctorate	Other, specify

Mrs. Willie Saleeby, President  
S. C. Federation of Older Americans  
Columbia, SC 29211

Mrs. Saleeby outlined the purpose of the Federation which is the only volunteer organization in South Carolina speaking for all older South Carolinians.

She called the Legislative Forum the strongest arm of the Federation. This Forum meets monthly and keeps abreast of all legislation that affects the elderly.

She introduced Mr. Claude Vaughn, Chairman of the Legislative Forum, who presented the issues in which the Federation is interested.

(Mrs. Saleeby's testimony is on the following page).

Mr. Chairman:  
Members of the Study Committee on Aging:

You have heard testimony this morning, and you will hear more this afternoon, from individuals representing several different groups of people. Some are government employees, charged with the welfare of the older South Carolinian. Some are medical people, responsible for the physical and mental health care of our older citizens. Some are educators, interested in education for and about the elderly. Others are retired people who speak for themselves. Still others are volunteers, working for and with older people.

As you can see, the thread that ties all of these people together, with the members of this committee, is the welfare of the older people of our state.

I represent the South Carolina Federation of Older Americans. This is the only volunteer organization in South Carolina that speaks for all older South Carolinians. We seek to represent all strata of society; all income levels, those who have held paying jobs and those who have not, highly educated persons and those with little education.

Article III of our Constitution states our purposes:

The purposes of the eleemosynary corporation shall be exclusively educational and charitable. This state-wide organization is being created in order to combine the wisdom, experience, talents, resources, and services of state and locally organized groups, and interested individuals in dealing with the problems of the aging in the following ways:

1. Promotion of the general welfare of the aging.
2. Promotion of action programs designed to foster wise community use of talent, experience, and expertise of the aging.
3. Promotion of research by existing organizations to make objective analyses of problems affecting the aging.
4. Provision of a unified and articulate voice in behalf of older South Carolinians.

One of the strongest arms of the Federation is the Legislative Forum. It is composed of members of all organizations and people interested in the welfare of the aging. The Forum meets monthly and keeps abreast of all legislation that will affect the elderly citizen.

Mr. Claude Vaughn has been the very able chairman of the Legislative Forum for several years. He will report on their work.

Presented by Mrs. Willie Saleeby  
President, S. C. Federation of Older Americans

9/16/82



Mr. C. R. Vaughn, Chairman  
Legislative Forum  
S. C. Federation of Older Americans  
Columbia, SC 29211

Mr. Vaughn read his prepared statement which is on the following page. He added one concern voiced by a senior citizen who participates in the Free Tuition Program for seniors at colleges, universities and technical schools. This individual was afraid that this Program may be eliminated due to budget cuts.

Senator Rubin assured him that this will not happen. He sees no reason why this Program is threatened as it is on a space available basis, and he cannot contemplate any higher education official doing anything that would be as unpopular and unreasonable as that. He added that this Program takes time and knowledge of availability, but it is growing and very gratifying.



SOUTH CAROLINA FEDERATION OF OLDER AMERICANS

P.O. BOX 12344  
COLUMBIA, SOUTH CAROLINA 29211

August 30, 1982

The Honorable Hyman Rubin, Chairman  
South Carolina Joint Study Committee on Aging  
305 Gressette Building  
Columbia, South Carolina 29202

Dear Senator Rubin:

Members of the Legislative Forum of the South Carolina Federation of Older Americans continue to meet monthly and discuss various ways and means of improving conditions for the elderly and the total state-wide community as well. Some of the items have been on our agenda for several years and we are still desirous of having them renewed in the legislative process. These are:

1. Proposed Changes in the Uniform Probate Code
2. Natural Death Act/Death with Dignity
3. Homestead Exemption
4. Condominium Conversion
5. Health Concerns. Especially as it pertains to the medically needy and medically indigent.
6. Complete Elimination of the Age Limitation for Continued Employment
7. Help Seek Ways to Control Inflation and Seek Some Form of Assistance for Those who have to Pay Inflationary Rent Prices

The details surrounding the need for legislation in these areas are not given in this report, however, if there is a need for such details at an appropriate time, we shall be happy to oblige. We did not wish to burden you at this time with a lengthy report.

Finally, we want to say "thank you" to the members of this great committee for the fine things you have done over the years to enhance and improve the lives of so many in our state and an especial big "thanks" for the forethought and passage of the legislation giving free tuition to those Senior Citizens who wish to go back to school to improve their minds and gain greater enjoyment in life. I speak as one of those who have taken advantage of this program.

Respectfully submitted,

*C. R. Vaughn*  
C. R. Vaughn, Chairman  
Legislative Forum

Mr. Tom Brown, Director  
Community Long Term Care Program  
Spartanburg, SC

Referring to a report recently filed with Senator Rubin and other Committees of the Legislature, Mr. Brown gave a concise update on the progress of the Community Long Term Care Program-

The major accomplishment this past year has been the actual fulfillment of the research design regarding collection of data and, basically, showing that they could evaluate themselves. The Project staff has been working hard in developing the data base necessary for the evaluation.

In the coming year, a new component will be added to the Project in Spartanburg: the addition of Medicare waivers which will allow them to provide through Medicare many of the services which are presently provided under Medicaid. This is an important addition to the Program and of significance to the State and to the Federal Government.

Regarding the Statewide Service Management System, which was funded this past year by the General Assembly, they have begun interviewing for the hiring of positions within the Department of Social Services. Approval from the Federal Government was also received for this System. Mr. Brown expects to begin by November and be fully operational by the first of next year around the State.

Supporting statements made by Reverend Meadors and Mr. Harry Bryan, he said that this is certainly the first and appropriate step in the right direction regarding in-home services for the elderly.

The next step should be a thorough investigation, as stated by Reverend Meadors and Mr. Bryan, what additional new community-based services will be needed to support a really large number of people who presently could in fact remain in their homes longer prior to being institutionalized. Or they may never need to be institutionalized because of the availability of these services.

Members of his staff and Mr. Brown himself are looking forward to be of assistance to the Commission on Aging and members of the Study Committee on Aging as the legislation proposed by Mr. Bryan is being researched.

In closing he said that in working together he hopes that the findings from the Governor's Task Force on the Elderly, the Long Term Care Task Force as well as data from the Community Long Term Care Program in Spartanburg can be used collectively toward producing a realistic program for the new services.

Rep. Harris wanted to know how many years ago the Program was started in Spartanburg.

Mr. Brown explained that the Program was initiated in 1978; there was one year of planning; another year of developmental activities and the experimental phase of the Program began in July of 1980. They have introduced a relatively comprehensive report on the cost survey for the first year and next year's should be available shortly.

Senator Doar inquired about the number of people presently being served.

Mr. Brown gave the figure at about 1100-1200 people participating in the Program. About half of those are in the Comparison Group and do not receive services from the CLTP. In the group that receive services are about 500-600 people. The first year report to which he was referring addressed the use of services and the other characteristics of about 350 people who were in during FY '80-'81, so they just about doubled that number.

Senator Rubin expressed his appreciation to Mr. Brown for the fine work being done and the Committee is looking forward to receiving his updated reports.

(The various reports referred to by Mr. Brown are on file in the Committee).

Dr. B. L. Baker  
Professor Emeritus  
University of South Carolina  
Columbia, SC

This presentation dealt with the effects of a devastating disease of older adults not only to the persons afflicted with it, but even more so on those who care for them.

The disease is called Alzheimer's Disease which afflicted Dr. Baker's wife about two years ago. It is named after a German neurologist who first recognized it in 1906 and it causes brain degeneration. It is believed that people who were diagnosed a few years ago as having "hardening of the arteries" or as being "senile" in reality had Alzheimer's disease. There is neither a known cure for it nor can it be prevented.

Alzheimer's disease strikes about 2 to 4 percent of persons over 65 years of age, which means that in this country there are between 500,000 and 1,000,000 cases. In South Carolina, there are between 5,000 and 10,000 cases.

Dr. Baker brought this before the Committee to 1) advocate support of groups formed by families who have to deal with members afflicted with this disease and 2) to urge support for research with this disease.

Senator McLeod asked if this illness can be diagnosed objectively.

Dr. Baker said that it is extremely difficult to diagnose.

Senator McLeod wondered if this is the reason Blue Cross/Blue Shield won't cover it.

Dr. Baker informed him that they won't cover because this is a disease which requires only "custodial" care. With the new instruments, such as the CT scan and a new one, PT scan, it is becoming easier to look at brains and tell what is present. There are certain characteristics of the brain which define Alzheimer's disease.

Rep. Harris wanted to know if there is a great deal of research being conducted on this.

Dr. Baker replied not as much as one might think. Research teams are mainly in large cities, such as New York, Chicago and San Francisco.

Rep. Harris mentioned since there were three members from the Committee on Mental Health and Mental Retardation present, they might be interested to hear from Dr. Baker again at a future time.

Senator Doar thought this an excellent suggestion. "We were able to help in some insurance areas in the past on some mental health problems which originally were not covered by insurance."

Dr. Baker expressed his appreciation for this consideration.

Senator Rubin told him that it has been helpful to have brought this to the Committee's attention. "We will do our best."

Testimony Before the Study Committee on Aging  
at Public Hearing on September 17, 1982

by

Broughton Leonard Baker  
819 Burwell Lane  
Columbia, S. C. 29205

Chairman Rubin, Ladies and Gentlemen of the Study Committee on Aging:

Thank you for allowing me to be heard at this Public Hearing on problems and concerns of South Carolina's older citizens. I am here to talk about a disease of older adults which is devastating and bewildering and its results are incredible not only to the persons affected, but even more so to their families. It is Alzheimer's Disease--a disease I had never heard of until October, 1980.

I am not a doctor of medicine so my expertise, if I have any, comes from personal experience. My wife has been diagnosed as having Alzheimer's Disease. I plan to tell you, briefly, about it.

As background, my wife worked for the Highway Department and later for the State Treasurer for about 40 years total. She worked as an accountant and as an auditor. She was very intelligent with a keen analytical mind. She was a precise thinker and possessed a sharp wit. She retired at age 63.

One day when she was 68, she said to me that she seemed to be unable to remember as well as she did. We went to our family physician who assured her that this was not unusual for a person of her age. About a year later, she asked me how to place the silver as she set the table for a meal. She could not remember where the knife and fork went. I knew then that something serious was wrong. Other signs included that of getting lost in restrooms, unable to find her way out without assistance. She began to hallucinate, seeing people who were not there. She began to read less and to write with considerable difficulty.

We obtained a referral from our family physician to a neurologist. After many tests, including a CT scan, the diagnosis was tentatively Alzheimer's Disease. I had never heard of it. After much discussion with the neurologist, I learned that Alzheimer's Disease caused brain degeneration and that my wife could remain much as she was for as long as several years, but when a change came, it was likely to occur as a rapid further brain degeneration. In almost one year, the change began to happen.

Life soon became literally a nightmare. Sleep came in short periods. Continuous care was required to prevent falling and to prevent wandering out of the house. Hallucinations became more frequent. Memory was almost gone and recognition of persons was disappearing. Disorientation became evident, such as not knowing where the bathroom was in a house in which she had lived for nearly 30 years. Medications seem to have less and less effect. Constant consulting with her neurologist failed to help very much.

It was decided to repeat earlier tests to determine if anything had been overlooked. These were done this time as a hospital patient. These tests

Testimony Before the Study Committee on Aging  
at Public Hearing on September 17, 1982

showed further confirmation of the diagnosis of Alzheimer's Disease.

At this point, it became obvious that help had to be obtained. Further care in our home would become a financial burden which could be borne for only a relatively short time since much help would be required. Probably just as much concern in trying to use home care was the physical exhaustion that comes as the result of providing the required attention. It has been called "The 36 Hour Day"\*--the title of a book on the subject of dementias. What to do became a decision of desperation. A nursing home seemed to be a realistic solution, although an expensive one.

Fortunately, my wife was accepted as a patient in the C. M. Tucker, Jr. Center for Human Resources operated by the South Carolina Mental Health Commission. It is a wonderful place for persons who have the problems of Alzheimer's Disease, as well as other diseases needing long term care.

It has been a devastating experience as well as one that is incredible in seeing a loved one change in a short time from a lovely lady possessed of a sound mind and having all social graces into one that is highly disoriented, who has little or no memory with no recognition of friends, who cannot feed herself or walk alone and who requires constant and total care.

Alzheimer's Disease was first recognized in 1906 by Lois Alzheimer, a German neurologist. Its incidence today is estimated to be 2 to 4% of those over 65 years of age. Translated into numbers, this means that in the U.S. there are between 500,000 and 1,000,000 cases. Some estimates are as high as 1,500,000 cases. In South Carolina, estimates are between 5,000 and 10,000 cases based on the foregoing percentages. Many people believe that most persons who were diagnosed a few years ago as having "hardening of the arteries" or as being "senile" were in reality cases of Alzheimer's Disease.

There is no known method of prevention, cure or reversal of Alzheimer's Disease. Its cause is one of theory with several being held by different groups of doctors. Autopsies show that the brains of those dying with Alzheimer's Disease have certain characteristics, but why this is so is not fully understood.

Why am I here? First, to advocate support of groups made up of families to help each other in handling the severe problems that must be faced. Some of us are now working toward forming such groups in South Carolina. Secondly, to urge research support to find ways of preventing, reversing and curing Alzheimer's Disease for if we don't find it, as people are beginning to live longer, our care facilities are going to become inadequate. In fact, I'm not sure that this is not already happening. Costs for such facilities could become astronomical as more and more adults have the disease.

The trauma brought by this disease into the lives of families is unbelievable and is extremely difficult to bear. It has been said it is as if life becomes that of attending a funeral every day. We, the families, need help in coping with the problems of dealing with Alzheimer's Disease. Further, the public needs to be aware of the disease, not to bring about undue alarm and fear, but to arouse



Testimony Before the Study Committee on Aging  
at Public Hearing on September 17, 1982

concern and support for research to find the cause and then the cure. It's probably too late for my wife and many others, but we can hope for those following us.

\*Mace, Nancy L. & Robins, Peter B., The 36 Hour Day, The Johns Hopkins University Press, Baltimore and London (1981)

Dr. Hal French  
Department of Religious Studies  
University of South Carolina  
Columbia, SC

This is the third year Dr. French has come before the Committee to testify. The previous two years his concerns chiefly were addressed to concerns on issues raised in "The Natural Death Act," and in "Death with Dignity" bills.

In last year's testimony, Dr. French mentioned a workshop, sponsored by the South Carolina Committee on Humanities and the University of South Carolina, on "The Funeral."

There have been recent reform measures by the Federal Trade Commission regarding regulations of the funeral industry; however, the status of these are pending Congressional approval. Reasons and recommended changes are listed in Dr. French's presentation on the next page.

He pointed out that for example embalming is taken for granted in South Carolina; some 99 percent of the cases. In England, however, less than half are embalmed.

As to cremation, 2 percent or less services practice this; by contrast in England almost 70 percent of the services practice cremation.

He asked if these alternatives are available to us. Are people informed that embalming is not required in South Carolina by law? Chances are, however, in South Carolina if you choose not to embalm it will still be included in the unit price of the services available.

From teaching a course on this subject, Dr. French found out from his students that they want typically three things when they anticipate their own needs or those of family members with reference to funerals: simple, inexpensive and natural. In his opinion it is becoming increasingly more difficult to get these things in our American way of death.

He proposed three considerations to the Committee:

1. Support the FTC regulations in Congress by contacting the Delegation.
2. Two or more members, not professionals, on the S. C. Funeral Board.
3. Continuation of research in this area to provide more information and services to the aging.

Dr. Parrish wondered if Dr. French could give the Committee a partnership not so much in the research but in the recommendation for public education.

Dr. French replied that he would do that, as public education is part of his concern. Some churches are serving their own members via workshops and schools are doing this. There are programs for death education for school counsellors. So, this reaches some segments of the population. Churches, religious institutions, or at least one agency, may do the educating task. He pointed out, however, that at times clergy, who are also professionals in this regard, may have some pretty close working ties with funeral directors. He added that he was not suggesting that all funeral directors are venal. The contrasting perspectives, however, are useful to the citizenry and the clergy is in a position to be an advocate for the people's needs and the dispenser of information which will help them when this eventuality comes.

Senator Doar mentioned a program aired on "60 Minutes" about a year ago which featured a debate on cremation. According to this show, cremation seems to be catching on in California.

Dr. French stated that in the next few weeks, Susan Aude with WIS evening news will present a series on this subject which may be of interest to the Committee.

Dr. Meadors said that the Commission on Aging, also, has some concerns and the current issue of their newsletter Vintage which has an article on funerals expresses their concerns.

Senator Rubin expressed his appreciation to Dr. French for his presentation.

He acknowledged Mr. Billy Garrett, DSS, presented the new intern to the Medical Affairs Committee, Miss Robin Stomblor, as well as Miss Melissa Goodwin, a very valuable staff assistant to the Study Committee on Aging.

(Dr. French submitted a Study Of Current American Funeral Practices which is on file in the Committee).

OUTLINE OF STATEMENT FOR LEGISLATIVE HEARING  
Committee on Aging

September 17, 1982

I. Appreciation for letting me share concerns with you for a third straight year.

- A. A continuing concern for the issues contained in Natural Death Act and Death With Dignity Bills.
- B. Further research on funeral practices and possible legislation.

II. Federal Trade Commission reforms.

- A. Status - pending congressional approval.  
Voted down in 1979.
- B. Reasons - not the venality of the profession, but the vulnerability of the public.
  - 1. Immediacy of grief.
  - 2. Incapacity to shop or bargain.
  - 3. Limited choices.
  - 4. Inexperience - lack of information.
- C. Recommended changes.
  - 1. Itemized pricing
  - 2. Accurate information
  - 3. Prices given over telephone
  - 4. Full range of options displayed

III. The situation in South Carolina - S. C. Study attached.

- A. Contrasting perspectives of funeral directors and clergy.
  - 1. Cremation
  - 2. Memorial services
  - 3. Pricing
  - 4. Generally, with regard to simplicity and naturalness
- B. The industry as self-regulating?
  - 1. State laws, passed through initiatives of funeral boards almost exclusively composed of industry representatives often are designed more for protection of the industry's interests than those of the public.
  - 2. Introduction of amendment in South Carolina January, 1981 lowering the age of licensed funeral director from 21 to 18.

IV. Proposed considerations for Legislative Committee on Aging.

- A. Support of FTC regulations in Congress by contacting our delegation.
- B. Recommend two or more members of S. C. State Board of Funeral Service.
- C. Continue to research this area and to provide such related information and services to the aging as may seem possible.

Mrs. Phyllis G. Pellarin, ACSW  
Executive Director  
Aiken Area Council on Aging, Inc.  
Aiken, SC

The issue which Mrs. Pellarin addressed in her testimony regarded the subject of tax relief for volunteers who drive their own cars at their own expenses to deliver services to agency clients. It has been brought to the Committee's attention in the past, but is of even greater importance in these days.

During 1981, 423 volunteers gave almost 8,000 hours of unpaid time to the Aiken Area Council of Aging by driving 32,000 miles to deliver services to senior citizens in South Carolina. The value of this contribution amounts to \$32,512.

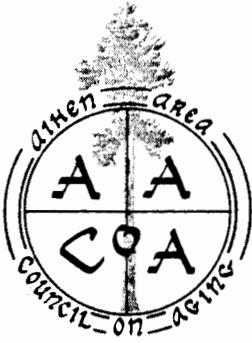
Mrs. Pellarin urged the Committee to support legislation which will provide the same mileage deductions for volunteers as allowed for business.

She gave the Committee a book which contains signed petitions from their volunteers urging passage of this tax relief legislation. This book is on file in the Committee.

Senator Doar asked Mrs. Pellarin for an impact figure to the State.


Mrs. Pellarin was not sure. However, by taking this Agency's mileage, it was estimated at one time to amount to \$65,000.

Senator Doar said that the Chairman fought for this legislation last year, but the cost was the overriding factor on it. He assured Mrs. Pellarin that he will again bring this to the Finance Committee's attention this year.



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Phyllis G. Pellarin, ACSW   
Executive Director, Aiken Area Council on Aging, Inc.  
Testimony to the Study Committee on Aging  
Columbia, South Carolina  
September 17, 1982

Senator Rubin and members of the Study Committee on Aging:

My testimony today is focused on an issue of interest to the agency I represent, one that has been of major importance to us almost since the day of our incorporation nearly a dozen years ago. It is an issue about which we have testified to this Committee in the past, and one that is of even greater concern today than it was previously. It is an issue that is not limited to our agency, or to the aging network, but one of interest to many human service providers who could not function without the vital contributions of volunteers.

I refer to H340 and S.738 to amend Section 12-7-700 of the Code of Laws that provide tax relief for volunteers who drive their own cars at their own expense in order to deliver services to agency clients.

It is a fact that volunteers save taxpayers enormous amounts of money that governments might otherwise have to provide. The current federal administration has strongly urged human service delivery agencies to call upon volunteers in increased numbers in an effort to close some of the service gaps created by decreased funding at all levels. Volunteerism is being touted as THE solution for filling many unmet agency needs while, at the same time, providing meaningful work for senior citizens.

From its inception volunteer work has been and continues to be essential to the work of the Aiken Area Council on Aging. During 1981 423 volunteers contributed nearly 8,000 hours of unpaid time to our agency, and they drove their own automobiles over 32,000 miles to deliver services to older South Carolinians. Unlike many other agencies, we have no funds to provide mileage reimbursement to our volunteers. The value of their contribution in hours served and miles driven is equal to \$32,512.00 --- monies the agency did not have and could not have raised --- yet were crucial to our programs. If the statistics for the rest of 1982 correspond to the first eight months of this year, volunteer service value will exceed that of 1981.

Traditionally, the majority volunteer effort in our agency has been contributed by senior citizens, many of whom can least afford to bear the expense. The high cost of vehicle operation has forced many of our older volunteers who are on fixed incomes to drop out of our programs that require the use of their own cars.

Present tax regulations discourage volunteers by limiting their tax deduction to less than half of that which is allowed to persons who use their automobiles for business purposes.

Therefore, it is for these reasons and because we recognize the tremendous importance of volunteer contribution to the success of our programs that we have actively supported passage of the legislation mentioned previously. As part of this advocacy effort, during National Volunteer Month, the Aiken Area Council on Aging undertook the educational task of informing our volunteers of this unpassed legislation and its value to their volunteer effort. At the same time we solicited their written support for its passage. Without exception, every single person

approached signed a petition urging passage of this tax relief legislation. Those petitions are contained in this book that I should like to present to you today. They represent both the feeling and the efforts of volunteers in South Carolina. We feel they speak for many others as well.

Madam and Gentlemen, I should like to respectfully request once again that the joint legislative Study Committee on Aging support these bills that will correct the inequity that now exists by permitting volunteers the same mileage deduction rate allowed for business. By so doing, you, too, will support increased volunteerism in South Carolina.

On behalf of all of our volunteers, thank you.



Mrs. Cora B. Wimberly  
Route 1, Box 224  
Williston, SC 29853

As President of the White Pond Community Group, Mrs. Wimberly's concerns address the needs of the elderly in the rural areas of her community.

She cited the lack of recreation facilities, food programs and transportation. Also, the need for a clinic is a vital concern. The nearest clinic is in Aiken, which is 25 miles from the White Pond Community.

She pleaded with the Committee to look out for the remote areas of the State rather than just for the urban areas.

Senator Rubin thanked Mrs. Wimberly for her presentation. He asked her if she knew Mrs. Pellarin.

Mrs. Wimberly replied that she has met her and wrote her a letter asking for help with the White Pond Community. Mrs. Pellarin wrote back informing her that there was no money available.

Senator Rubin commented that "these activities work out through the Area Council on Aging."

Mrs. Pellarin asked to comment. She explained that they are called the Aiken Area Council on Aging; they can not serve the whole county. The White Rock Community is on the border of Barnwell County....

Cora B. Wampler, Rte. 1, Box 224, Willeston, S.C. 29853  
Title — President White Pond Community Group

Subject — The Needs of the Elderly in the Rural Area of the White Pond Community.

In our Area we have many elderly people that no provisions are made for them in the form of recreation or food programs.

We have no transportation for them to go approximately 25 miles into Aiken to participate in the programs offered there.

We are in need of a Clinic that would attract doctors to come at least once a week to take care of the many ills of the elderly. Again I state we have no transportation for them.

Solution — We have a Community Center well equipped with stove, hot water heater

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sinks, and rest rooms that could be utilized for things of this nature. Please think of all elderly not just a few.

Racine D. Brown, Ph.D.  
Assistant State Commissioner of  
Mental Health  
S. C. Department of Mental Health  
Columbia, SC 29202

As the age group of 75 years and older is becoming the largest segment of people over 60, the Department of Mental Health has targeted the elderly as one of their priorities. Experience has shown that especially in periods of economic downturns, a larger number of persons requiring mental health services can be expected. Hospital admissions are increasing at an annual rate of 6.5 percent. Combining this with a decrease of 338 positions in the period from 1979 to 1982 is adding increased caseloads and responsibilities on fewer staff who is expected to render quality care. It has become difficult to keep nurses which in turn threatens the Medicare/Medicaid certification at Crafts-Farrow State Hospital.

Even though they are fully accredited by the Joint Commission on Accreditation of Hospitals, a survey by the National Institute of Mental Health for the Health Care Financing Administration found certain specific deficiencies: i. e., medical staff and the numbers of Registered Nurses required to render service 24 hours per day, 365 days of the year. It takes 5 full-time personnel to man one 24-hour day, year round post, so for \$100,000 you can essentially finance one post. The issue is being able to recruit and keep the number of RN's required. However, the Department is working with this problem and they are optimistic to resolve this.

In January of this year they will have turned over to them the 308-bed Frank Roddey Pavilion, which is the addition to the Tucker Center. This is specifically for the purpose of moving patients who were in Crafts-Farrow to ICF skilled nursing level care which is more appropriate to them.

Also, they have identified at least 100 people for whom it would be appropriate to be in boarding homes. There are several reasons, however, that make it difficult for people to be in boarding homes: 1) availability of beds is sometimes as difficult to get as in nursing homes; 2) a major factor is economic viability with regard to paying for boarding home care.

The Department has been looking very carefully--almost with trepidation--at the degree at which people are being not recertified for Supplemental Security Income and Social Security Disabilities. The Federal Administration has a cost saving goal for that part of the Federal Budget and if fully implemented, it could mean a reduction of about 25-30 percent in the number of people on SSI. There are 80,000 people on SSI in South Carolina. This situation is being carefully monitored.

The following components are planned for implementation:

1. Reduce monthly emergency admissions to the State Psychiatric Hospitals by 20 percent by the end of FY 1984. Voluntary admissions have decreased over the past four years from 19 percent to 5 percent. Of the elderly patients, 95 percent were involuntary admissions, which means that the Department has no option but to receive these patients, whether a bed is available or not.

The Department's goal over the next two years is to get between 85 to 90 percent screening which is particularly important for the elderly who are admitted under emergency admissions to CF.

2. In conjunction with the new statewide Program on Community Alternative to long term cases, every opportunity will be taken to see that the people who are in the process of being admitted to CF State Hospital have the same advantages as those who are in the process of being admitted to a nursing home.

3. Four hundred patients who are currently in the State Hospital System are targeted to be moved from a hospital to a community level of care. About three million dollars of funds that are currently in the State Hospital Program will be reallocated to a Community Support Program to provide the support services for this group.

Even though they are down to about 2,900 patients in the three psychiatric hospitals combined, the State of South Carolina still has almost twice the number of people in psychiatric hospitals per capita than the neighboring states of Georgia and North Carolina, as well as other states. This is mainly attributable to long term patients (one year or longer) as South Carolina simply has not had the community resource development for disabled people as most other states have been able to do.

One other major priority will be the designation of a full time Director of Volunteer Services for the Department of Mental Health.

In closing, Dr. Brown mentioned two pieces of legislation which the Department will ask the Committee on Mental Health and Mental Retardation to introduce next session:

1. To allow patients, admitted on an involuntary basis, to change their designation to voluntary which would shorten their stay considerably. At present, patients who are admitted involuntarily have to remain on the ward up to 20 days waiting for a court hearing, even though many of them, after a few days' of hospital treatment, are stabilized and, with a doctor's review, could be released much earlier.

2. The transportation of unwell patients out of the hospital to their county of residence for a court hearing. These hearings should be held at the treatment facility not just for the sake of the patient but also for the significant input of hospital staff who know what is best for their patient.

(Dr. Brown's complete testimony is on the following pages).

Senator McLeod asked for an explanation of why South Carolina has twice the number of patients institutionalized than other states.

Dr. Brown explained that, for example, in Georgia they have built nursing home beds at the rate of about 70 per 1,000 population over 60 years old. This State caps nursing home beds at 39 per 1,000 population. Further, several hundred people are kept under psychiatric care in South Carolina, who, even though they are mentally retarded, would probably be under the care of mental retardation facilities in other states. Our development of boarding homes and other community based programs in lieu of hospitals has been very slow; of course, this is primarily due to the economics of it.

Senator McLeod wanted to know if this is because nursing home beds and staff would be cheaper than hospitalization.

Dr. Brown replied that it costs \$50/day for a long term patient at CF, whereas excellent nursing home service is provided at the C.M. Tucker facility for under \$40/day.



# South Carolina Department of Mental Health

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P.O. Box 485 / 2414 Bull Street / Columbia, South Carolina 29202 / (803) 758-80

William S. Hall, M.D. / State Commissioner of Mental Health

Racine D. Brown, Ph.D. / Assistant State Commissioner of Mental Health

## PRESENTATION OF SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH TO STATE OF SOUTH CAROLINA STUDY COMMITTEE ON AGING

September 17, 1982

The DMH is privileged to appear before the Study Committee on Aging.

Although the SCDMH works with all ages, it has targeted the elderly as one of its priority groups. I expect that we will be working with many of the very old people as the age group 75 years and older becomes the largest segment of people over 60. In fact, 46.5% will be over 75 years of age by 1990. To put it differently, by the next decade, for every 5 people who are 60 - 64 years old, there will be 4 people over 80.

We find that mental illness does not stand alone. It is frequently accompanied by social, physical, environmental and particularly financial problems. Studies by Dr. H. Brenner of the Johns Hopkins Medical School forecasts a major increase in the number of our citizens requiring mental health services during the periods of economic downturns. Combining this fact with the very elderly people who are more prone to dementia, now in epidemic proportions, the DMH expects to be busier in the years ahead. Hospital admissions are increasing at a 6.5% annual rate. A decrease of 338 positions in the period from 1979 to 1982 means asking fewer staff to take on increased caseloads without diminishing quality care. Clearly, keeping nurses has been difficult and inadequate nursing staff threatens Medicare/ Medicaid certification at Crafts-Farrow State Hospital.

In this time of great change, building bigger institutions is not the answer to quality care. In fact, reducing the population in our hospitals is as necessary for the well being of the patient as it is for the State. Even now, our hospital population is twice the per capita hospital populations of Georgia and North Carolina.

Relocating the care for selected older patients from the institution to the community is one of the major moves this department is anticipating. However, we want to be sure the good care received in the hospital follows the discharged patient into the community. Moving in the spirit of meeting this challenge, committees were created to study the many faceted problems which will require consideration in accomplishing the transition. These study groups rightly raised more questions than answers such as: what constitutes appropriate residential care for the elderly? How will this affect licensing requirements? What is the selection criteria in the hospital for discharging patients; should people with similar function be placed together; should they live in an intergenerational setting or in an age segregated residence? How can we be assured that the medication, social services, physical and activity therapy, and counseling available in the hospital setting is going to be available in the community? What are the financial costs in providing hospital level of care to a community level of care? Equally critical, what kind of organizational or systematically related mechanism has to be in place for all this to work in an orderly manner? An implementation committee is working on these questions. As much as we want to move quickly, professional integrity dictates that a well thought through system must be in place first. In fact, parts of the schema are operational; some almost ready to be put in place.

1) One component is reducing the monthly emergency admissions to the state psychiatric hospitals by 20% by the end of FY 1984. Funds in the amount of three million dollars will be requested to be appropriated for the purpose of enabling the CMHC's to screen emergency admissions and provide crisis stabilization and treatment. The goal is to achieve 90% screening statewide.

2) Moving elderly patients from CF to the new 300 bed Frank L. Roddey Pavilion at the C. M. Tucker, Jr. Human Resources Center will provide long term care to those selected elderly who should not be transferred to the community. As this occurs, beds will be taken out of CF and staff placed elsewhere within the system.

As an aside, let me add emphatically that although we are planning to reduce the hospital population, no one will be denied hospital care when community services are no longer appropriate.

3) The new statewide CLTC is another major component that will coordinate services needed by the homebound unwell client. Without these services the individual might otherwise need institutional care. In ten regional meetings throughout the State, service providers in every county expressed strong support for the CLTC and even voiced relief that at last there would be coordination of services routed to the homebound Medicaid eligible individuals, most of whom are the elderly.

4) Another part of the system is that improved care to the aged population will occur with continued in-service training in every CMHC. One of the Department's goals for FY83-84 is to have a well-trained staff person within each CMHC who will be responsible for the elderly clients, and who will actively participate in reducing monthly emergency admissions.

Clearly, the Department remains optimistic that managing the unwell person in the community will materialize with the help of a vigorous community support program. Funds will be reallocated from the hospitals to the community to provide the support services required for 400 long-term patients in their move from a hospital to a community level of care.

I will move now to two pieces of proposed legislation that have a direct impact on the well being of our patients. Frequently, within three or four days of hospital treatment, patients are as well oriented as you or I and are ready to go home. However, because they were originally admitted involuntarily, they must remain on the ward up to 20 days waiting for the Court Hearing. Many of these patients, after stabilization, are agreeable to changing their involuntary admission designation to voluntary, and with the doctor's review could be released much earlier. For the State, the monetary outlay can run from \$40.00 to \$100.00 a day for up to 20 days. Certainly, changing involuntary admission to voluntary is in everyone's interest. The other legislation concerns the continued transportation of unwell patients out of the hospital to their county of residence for a court hearing. We are appreciative that the legislature reduced two trips to a single trip for the Hearing, however, the hardship of even a single trip on the patients, and the further depletion of already scarce staff on the hospital wards to accompany patients continues. Hearings held at the facility of treatment for the sake of the patient and for the significant input of hospital staff who know the patient is best for the individual. The Department plans to review this legislation for possible resubmission.



We do face a discouragement of major proportion and that is the numbers of citizens in Community Care Homes and Boarding Homes who have no support to pay for their room and board, treatment, transportation and personal needs except through SSDI, a financial assistance program for physically and/or mentally disabled people. It is becoming increasingly unreliable for our people who are psychiatrically disabled. In fact, many of them are being terminated now. The operators of these Homes are personally "carrying" their residents in the hope that reimbursement will be reinstated. The problem lies in reinstating the financial support once this support is denied. We need to do a lot of work in this area.

Thank you for allowing the Department to share its problems, its hopes and its programs concerning its growing elderly client population.

Senator Rubin asked Mr. Garrett, DSS, to make a few comments regarding the situation of boarding homes where some of the patients are non-ambulatory and what is being done about this.

Mr. Garrett said that he did not have a prepared speech but would be glad to give the Committee a brief rundown on this matter.

The State law requires residential care facilities, formerly called boarding homes, to admit individuals who are ambulatory. This has to do with fire regulations and staffing ratio. These homes are not staffed to care for sick people nor for those who need assistance getting out of the building. Most of these homes only have one person on duty during the night.

Regarding the situation at Six Mile, Mr. Garrett stated that he was in that facility several weeks ago. He found six or seven people who were not able to get out of the chair to walk to the dining room to eat without assistance. DSS is studying this situation to see if it is possible to establish another level of care between ICF and boarding home care. If this is possible, there would have to be more staff to take care of the non-ambulatory people.

Also, the State Fire Marshall would have to approve the health and safety fire regulations. However, he did say that the halls have to be wide enough to roll beds out. There are only about 7 or 8 facilities in this State which would meet all the standards.

The Department of Social Services has no option right now but to enforce the law the way it is written. There are 132 homes licensed under DSS. The Department of Mental Health, also, licenses similar homes, but they are called community care homes. Basically, the two Departments operate under similar rules and regulations as far as these boarding homes are concerned.

It is a question of whether or not there is a need to amend the law. If the law is amended, then the homes will have to increase the staff and will have to meet the fire and safety regulations. The law Mr. Garrett referred to is the one pertaining to adult residential care facilities.

Senator Rubin remarked that in addition to this being a technical problem, there is a very human problem of what happens to non-ambulatory people in these homes. By strict application of the law, they have to move out. He is not advocating relaxation if it can be avoided, as he is aware of the hazards involved. However, new construction is prohibited at this time.

Mr. George M. Lusk, Deputy Director  
S. C. State Housing Authority  
Columbia, SC 29205

This presentation dealt with several program areas:

1. Rental Assistance Program. The Housing Authority is responsible for this Program in 16 areas of the State: Cherokee, Lee, Spartanburg, Horry, Dillon, Marlboro, Union, Edgefield, Lexington, Pickens, Oconee, Williamsburg, Dorchester, and Fairfield Counties. There are about 1,200 units and out of those 40 percent are occupied by the elderly, disabled and handicapped which benefits about 510 elderly individuals. The amount of payments which the Housing Authority makes for these elderly citizens is about \$154,000 per year. They expect an increase in this cost, however, as the Federal guidelines have increased the contribution by apartment dwellers from 25 percent to 30 percent. Basically, anyone who qualifies for one of these apartments pays up to 30 percent of their income, the Housing Authority pays the difference between that and the actual rent. They are under a 5-year renewable contract and are not much worried; however, there won't be any new program funding as this item has been reduced in the Federal budget.

2. Farmers Home Administration, Section 515. This is a Construction Program under which the Housing Authority does all the work, offers the technical assistance and then turns the projects over to basically non-profit organizations in the area where they are constructed. Usually these are rural areas. Projects are now under constructions in St. George, Varnville, Lake City, Latta, Chesterfield and Jonesville. Approximately 92 units are designated for the elderly. The future for this Program is non-existing as there won't be any more funding.

3. New Construction Program, Section 8. This is a Program under which the Housing Authority receives direct funding from HUD to pay for the rental assistance, and they also finance the construction of these projects including long term and construction loans.

About three weeks ago, in a recent bond issue, they decided to finance the Harbison elderly project here in Columbia, which consists of 130 units for the elderly. The Harbison Project is the only one that is solely for

the elderly. There are about 273 more elderly units out of a total of eight projects.

Funding for this Section 8 Construction also is very doubtful.

Senator McLeod asked if financing of Harbison is done by Federal or State money.

Mr. Lusk told him that they finance the construction of it and gave them the Rental Assistance money--they fund it, but the Housing Authority administers it. There won't be any funding problem with the projects they are constructing or financing, because the Rental Assistance money from the Government goes with the project.

"The future so far as the State Housing Authority is concerned for the bricks and mortar aspect of our assistance to elderly citizens is not very bright."

The Authority is looking at the possibility of financing elderly units along with the day care center combination which apparently has been put together in Atlanta. Steve Mayfield and Mr. Lusk are going to look at these units and hopefully they have something to report on it in the near future.

In closing he said that it is their assumption that the Federal Government is going to turn over the construction of rental housing for the elderly to private sectors, but he does not know what kind of rental assistance money will be available to individuals.

Asked by Senator McLeod on the status of the "Ullman Legislation" he explained that the threat of being "shut down" is still there. However, they just issued a new issue today under that law, and the money is now available to any financial institution in the State which participates in this program. The interest rate is 11.95 percent. This rate is expected to mean an average savings of \$125 per month on a 30-year loan acquired at present market rates. This issue could result in nearly 2,000 new homes in the State.

(There was no written statement submitted).

Mrs. Elizabeth J. Kalish, Director  
Sumter County Council on Aging  
Sumter, South Carolina

The following concerns were addressed:

1. Need for more quality boarding homes in South Carolina as well as day care centers.
2. Use of school buses.
3. Utilize school cafeterias for the elderly who could be served meals at reduced rates.
4. Channel all aging funds to the aging network and cut administration (overhead) costs to provide more service dollars.
5. Allow counties more flexibility in services.

(Mrs. Kalish's statement is on the following pages).

Senator Rubin expressed his appreciation for the testimony and stated that these are ongoing problems.

I appreciate the opportunity to appear today to speak from the "grass roots".

The continuing growth of our older population coupled with economic conditions makes it quite evident that Aging is undergoing some major and fundamental changes.

I would like to challenge our State to target the needs and resources more effectively and efficiently.

On a day-to-day basis we see so many needs and so many gaps in service. Many of these need to be addressed on the Federal level. However, many can be solved on the State Level.

We certainly need to address the ever increasing cost of utilities for older people on fixed income.

I hear of the "young old" and the "old old". In the service field these two categories really do not properly classify our elderly. Perhaps better categories might be the "frail elderly" and the "well elderly".

This places the sick and weak in their homes, in boarding homes or nursing facilities. The ideal would be to keep them clean, well fed, and attended properly with dignity.

Our "well" category would include all others many of whom are lonely, poor, insecure and on the brink of joining those in the first category.

At the local level we attempt to attend the "frail elderly" through homemaker, home health aides, home health nurses, visitors, Lifeline, Hospice, and home delivered meals.

To the "well elderly" we supply transportation, housing, congregate meals, therapeutic recreation, social support, counseling, job assistance, budget planning, and acting as an advocate when needed.

Presently, with the freeze on Nursing facility beds, continuing fund cuts and the shift to Community Long Term Care, we are seeing many fall through the cracks.

S. C. is in dire need of more quality boarding homes, cooperative living,

and Day Care Centers. It seems the Retirement Homes presently licensed are being overrun by mental health clients who are being discharged from facilities. Many of these retirement homes seems to be unfit.

It seems foolish to supply each Service Organization with vehicles when we have such a fleet of school buses that sit idle most of the day. A good planner could schedule these for many varied uses and a statewide transportation system could be established at a much cheaper cost. (Taxpayers do support the school system.)

The same is true of school cafeterias which are strategically placed statewide. Most elderly eat small meals and could readily be served a meal at a reduced rate, (using USDA commodities) along with the pupils. This might free up money for other needs.

I heartily recommend that all Aging Funds go to the Aging Network; that administration (or overhead) cost be cut tremendously to provide more service dollars and if even more is needed, perhaps we should establish a tax base for our elderly as has been done for education.

Finally, it is my sincere hope that counties will be allowed more flexibility in services rather than be mandated to do thus and so statewide, and that blanket certification will be established for all who are 60 and over to maintain the pride and dignity of our elders.

Thank You.

*Lila Kalish  
Santer Coa*

Mr. George Dick, Director  
Area Agency on Aging  
Central Midlands Regional Planning Council

This agency serves Richland, Lexington, Fairfield and Newberry Counties.

Mr. Dick's testimony addressed advances in programs for older individuals from a national perspective.

He pointed out a major problem in our State when it comes to providing services to functionally impaired older persons at the community level. This was already stated by Mr. Harry Bryan earlier, and Mr. Dick agreed with this. Because of this lack of community-based services, we have too many impaired elderly in institutions. Many other states are taking steps in this direction and have legislation in place to take care of this problem. He urged legislative action to alleviate overcrowded institutions.

For example, in Richland County 10 percent of the 65 and over population have been institutionalized; in Fairfield County this rate is 9.3 percent, and in Lexington County it is at almost 9 percent. The national norm for persons being placed in institutions is approximately 5 percent.

He also expressed concerns regarding the lack of research in the area of geriatrics. South Carolina has nationwide exposure as being one of the top retirement states. This, combined with the fact that our population is growing older, will lead to a marked increase in the 65+ age group.

Columbia hospitals are filled with older patients occupying beds because there is no place for them to go. Mr. Dick did an informal survey of Columbia area hospitals and found that between 120 and 200 acute care beds (daily) are occupied by older persons for the above-stated reason.

He cited the lack of a geriatric research center and suggested that the resources of the State, the Medical University, county hospital staffs and other service providers combine their skills to meet the need of the older population.

Senator Rubin referred to Dr. Allen's testimony which mentioned the expansion of their program in gerontology and research at the Medical University. He thinks some progress is being made.

The presence of Representative Joyce Hearn was acknowledged.

(A brochure listing available services and other pertinent information on the Central Midlands Regional Planning Council is on file in the Committee).



Senator Rubin, members of the Committee, thank you for allowing me a few minutes to appear before you today. My name is George Dick. I work as the Aging Unit Director for the Central Midlands Regional Planning Council. Central Midlands serves as your Area Agency on Aging in the four counties of Richland, Lexington, Newberry and Fairfield.

I come to you today to present my thoughts on a variety of items, rather than a single topic as I have done in the past. During this past year, I have served on the Board of the National Association of Area Agencies on Aging, the Association's National Long Term Care Committee, and currently as that organization's Second Vice President. This experience has allowed me an opportunity to view the advances in programs for older people from a national perspective. That view, hopefully, will help me now to express the following thoughts.

First, Mr. Harry Bryan this morning presented testimony before the committee concerning needed legislation to deal with the problems of functionally impaired older persons. Many states already have such legislation in place and are taking that extra step to provide needed services. The group of individuals Mr. Bryan speaks of finds that our communities are not equipped to deal with their needs. Because of this lack of readiness, impaired older persons find that they are oftentimes inappropriately stuck in an institution.

An example of this can be found here in Richland County. Where the national norm for individuals being placed in institutions is approximately 5%, in Richland County 10% of the 65+ population have been institutionalized. This could be explained away by skeptics because of the many statewide institutions found in Richland County, and maybe with some justification. However, the same skeptics would be hard pressed to explain away the 9.3% institutionalized rate in Fairfield County or the almost 8% rate in Lexington County. We have a major problem in our state when attempting to provide services at the community based level. Legislative action could take a step toward solving that problem.

The second subject I would like to address concerns our state's medical schools and their inability to do research in the area of geriatrics. South Carolina doctors

are being trained to care for a young population, and our population is growing older. South Carolina has been tapped as one of the top retirement states of the future by many national publications. Such nationwide exposure will lead to a rapidly growing population of retirement aged people.

Our Columbia hospitals are now burdened by older patients occupying acute care beds simply because there is no place for the older person to go. This was brought home to me when I did an informal survey of the Columbia area hospitals and found that between 120 and 200 acute care beds (on a daily average) are occupied by older people for this reason alone. My contention is that the majority of these older persons should never have been there in the first place.

Our lack of a geriatric research center and the benefits this state (and our country) could derive from such a facility are evident. Our state's doctors are being trained to work with the healthy older population by accident at best. Because of this, a comprehensive preventive care program for the older person is nonexistent. We have the resources in this state to correct this problem. There is a debate currently going on to determine the use of the State Park TB Center. My suggestion would be to look very hard at combining the resources of the state, the University Medical School, county hospital staffs and local service providers to meet a legitimate need.

Finally, I will only restate what I have said to you over the past three years. South Carolina, as we all know, is not currently a wealthy state in terms of dollars, but we can be a wealthy state in terms of innovation. With appropriate innovative actions, we can become a leader among states in our efforts to help older individuals.

Thank you again for allowing me time to speak with you.

Mr. Jerome Noble, Executive Director  
S. C. Interagency Council on Public  
Transportation  
Columbia, South Carolina

Mr. Noble's presentation outlined one major project: "Statewide Public Transportation Promotional and Education Campaign." This project has been recommended by the Interagency Council on Public Transportation and approved by the State Highways and Public Transportation Commission. It is budgeted at \$60,000 and is to be carried out during FY '82-'83.

Since FY '79 through FY '83, \$2,041,007 in State General Funds have been committed for public transportation purposes under the operating budget of the Interagency Council. Of this amount, 69 percent (\$1,412,772) have been distributed to local governments to support their public transportation initiative.

One positive step to move public transportation forward in South Carolina was taken when the State Highways and Public Transportation Commission voted in favor of the creation of a Public Transportation Division within the Department.

The Interagency Council intends to contract with a top-notch public relations organization to promote this project.

(Mr. Noble's presentation follows).

Senator Rubin wanted to know how the 69 percent of their operating budget is being used by the local governments since public transportation is so expensive. So many of the elderly and handicapped are in remote areas; how can they benefit from this.

Mr. Noble referred to the action taken by the Commission yesterday. Those who are close to the present configuration and responsibility of public transportation in this State recognize that there are several agencies at the State level who under law have some responsibility in carrying out transportation. Transportation in order to be cost-effective should be centralized. Presently, funds which are appropriated by the General Assembly to the Department are earmarked to programs carried out by the Interagency Council on Public Transportation. The Governor's Office, Division of Transportation, administers various Federal programs under the U. S. Department of Transportation Assistance Programs. "We use the State funds as a grant down to various transportation systems around the State for them to use as their required local match of the Federal dollars that are now being administered by the Governor's Office."

He further elaborated on the fact that there are "millions of Federal dollars available to the State of South Carolina through the U. S. Department of Transportation that heretofore have not been received or accepted by our local governments, particularly the urbanized areas around the State."

He cited as an example how the city and county of Greenville was able to obtain the receipt of some 3 million dollars in Federal funds to improve their transportation system.

These kinds of dollars are available to the Columbia, Greenville, Spartanburg and Charleston areas.

Senator McLeod commented that these areas have transportation systems. The problem is in the more rural areas.

Mr. Noble added that the existing system in Greenville has been expanded to provide services for the rural areas. Presently there are three Regional Transportation Authorities: Santee-Lynches Region, Pee Dee Region, Lowcountry Region. These systems are being funded again with matching funds to "draw down" Federal funds to allow them to use such funds for operating, capital and administrative purposes.

REMARKS OF JEROME NOBLE  
AT THE  
STUDY COMMITTEE ON AGING PUBLIC HEARING  
COLUMBIA, S. C.  
SEPTEMBER 17, 1982

I APPRECIATE THE OPPORTUNITY TO COME BEFORE YOU TODAY AND DISCUSS ONE MAJOR PROJECT THAT HAS BEEN RECOMMENDED BY THE INTERAGENCY COUNCIL ON PUBLIC TRANSPORTATION AND APPROVED BY THE STATE HIGHWAYS AND PUBLIC TRANSPORTATION COMMISSION TO BE CARRIED OUT DURING THE FISCAL 1982-83 PERIOD. WE REFER TO THIS PROJECT AS A "STATE-WIDE PUBLIC TRANSPORTATION PROMOTIONAL AND EDUCATIONAL CAMPAIGN" WHICH WILL INVOLVE A TOTAL BUDGETED EXPENDITURE OF \$60,000. ONE-HALF OF THIS AMOUNT WILL COME FROM STATE GENERAL FUNDS APPROPRIATED BY THE GENERAL ASSEMBLY UNDER THE INTERAGENCY COUNCIL'S FY 1982-83 OPERATING BUDGET. THE OTHER HALF HAS BEEN COMMITTED TO THE INTERAGENCY COUNCIL BY THE DIVISION OF TRANSPORTATION OF THE GOVERNOR'S OFFICE FROM FEDERAL FUNDS UNDER A GRANT PROVIDED BY THE U.S. DEPARTMENT OF TRANSPORTATION.

IT MAY BE HELPFUL FOR THE COMMITTEE TO UNDERSTAND THAT, SINCE FY 1979, AND THROUGH FY 1983, A TOTAL OF \$2,041,007 IN STATE GENERAL FUNDS HAS BEEN COMMITTED FOR PUBLIC TRANSPORTATION PURPOSES UNDER THE OPERATING BUDGET OF THE INTERAGENCY COUNCIL. I SHOULD POINT OUT THAT \$1,412,772 OR 69% OF THAT AMOUNT HAS GONE DOWN TO LOCAL GOVERNMENTS TO SUPPORT SOME FORM OF PUBLIC TRANSPORTATION INITIATIVE.

WE RECOGNIZE THE DEMAND FOR, IMPORTANCE AND SHORTAGE OF THESE TYPE OF STATE FUNDS ARE FAR GREATER TODAY THAN IN PREVIOUS YEARS. WE ARE ALSO VERY MUCH AWARE OF THE IMPORTANCE AND NEED FOR PUBLIC TRANSPORTATION IN THIS STATE --- THE BENEFIT THAT IT FOSTERS FOR OUR ELDERLY AND HANDICAPPED

CITIZENS, THE POOR, AND THE PUBLIC IN GENERAL.

THEREFORE, WE SEE IT AS OUR DUTY AS TRUSTEES OF THESE PUBLIC FUNDS TO DO ALL THAT CAN POSSIBLY BE DONE TO PROMOTE WHAT HAS BEEN DEVELOPED IN THE FIELD OF PUBLIC TRANSPORTATION, ENCOURAGE WHERE THERE HAS BEEN LITTLE OR NO DEVELOPMENT OR IMPROVEMENT IN THE FIELD, AND EDUCATE THOSE WHO, FOR REASONS, HAVE NOT YET ARRIVED TO THE POINT OF UNDERSTANDING OR ACCEPTING PUBLIC TRANSPORTATION. I SHOULD INJECT AT THIS POINT THAT OUR STATE HIGHWAYS AND PUBLIC TRANSPORTATION COMMISSION TOOK POSITIVE ACTION ON YESTERDAY TO MOVE PUBLIC TRANSPORTATION FORWARD IN THIS STATE BY VOTING IN FAVOR OF THE CREATION OF A MAJOR PUBLIC TRANSPORTATION DIVISION WITHIN THE DEPARTMENT. WE ARE OPTIMISTIC THAT NEXT YEAR WILL BE A BRIGHT LEGISLATIVE SESSION IN THE S.C. GENERAL ASSEMBLY WITH REGARD TO PUBLIC TRANSPORTATION MATTERS.

THE SCOPE OF THE "STATE-WIDE PUBLIC TRANSPORTATION PROMOTIONAL AND EDUCATIONAL CAMPAIGN" PROJECT WILL INVOLVE THE EXPANSION OF RECOMMENDATIONS MADE TO THE GOVERNOR'S DIVISION OF TRANSPORTATION UNDER WORK PREVIOUSLY CONTRACTED FOR THE DEVELOPMENT OF A PROMOTIONAL PROGRAM, IMPLEMENTATION AND EVALUATION OF THE BROADENED PROGRAM. IT IS ENVISIONED THAT THE EXPANDED PROGRAM WILL INCLUDE THE PERSONAL SERVICES OF THE GOVERNOR OF SOUTH CAROLINA AND THE DIVISION OF TRANSPORTATION, THE STATE HIGHWAYS AND PUBLIC TRANSPORTATION COMMISSION AND KEY DEPARTMENT OFFICIALS, THE INTERAGENCY COUNCIL ON PUBLIC TRANSPORTATION, KEY PERSONS SERVING ON TRANSPORTATION COMMITTEES IN THE S.C. GENERAL ASSEMBLY, LOCAL ELECTED OFFICIALS OPERATING LOCAL TRANSIT SYSTEMS, INDIVIDUALS FROM THE PRIVATE SECTOR AND THE LOCAL GENERAL PUBLIC. EACH OF THESE GROUPS WILL WORK UNDER A GENERAL CAMPAIGN THEME, BUT ASSIGNED DIFFERENT RESPONSIBILITY, DESIGNED TO ENCOURAGE GREATER PUBLIC USE OF EXISTING TRANSIT SERVICES AROUND THE STATE AND TO SUPPORT THE DEVELOPMENT OF NEW TRANSIT SYSTEMS. WE INTEND TO CONTRACT

THIS WORK OUT WITH A TOP-NOTCH PROFESSIONAL PUBLIC RELATION ORGANIZATION.  
WE EXPECT THAT THIS WORK WILL BE UNDERWAY WITHIN THE NEXT 15 TO 20 DAYS.

THANK YOU FOR AFFORDING ME THE OPPORTUNITY TO SPEAK BEFORE YOU TO-  
DAY.

Ms. Valeria Boykin-Tate, Director  
Legal Services for the Elderly Program  
Columbia Urban League  
Columbia, South Carolina

As an advocate of the elderly, Ms. Boykin-Tate addressed the following issues:

1. Establishment of separate criteria for eligibility of elderly programs.
2. Study of the need for a modification of the Homestead Tax Exemption in addition to feasibility of lowering tax rate on remaining amount.
3. Tax incentives to 1) employers who hire elderly workers; 2) landlords who rent to elderly tenants; 3) businesses which give discounts to senior consumers; and 4) families who keep elderly in their homes.

Senator Rubin expressed his appreciation to Ms. Boykin-Tate for bringing these concerns to the attention of the Study Committee.



VALERIA BOYKIN-TATE  
DIRECTOR, LEGAL SERVICES FOR THE ELDERLY PROGRAM  
COLUMBIA URBAN LEAGUE

I COME BEFORE YOU TODAY AS ONE CONFRONTED WITH THE PROBLEMS OF THE ELDERLY ON A DAILY BASIS. OUR ELDERLY CITIZENS ARE EXPERIENCING DIFFICULTY ON MANY DIFFERENT LEVELS. ALL OF THEIR PROBLEMS ARE ASSOCIATED WITH INADEQUATE RESOURCES. TOO MANY TIMES THEY ARE INELIGIBLE FOR FOOD STAMPSC MEDICAID, SUPPLEMENTAL SECURITY INCOME AND VARIOUS OTHER PUBLIC ASSISTANCE PROGRAMS WHICH WOULD MAKE A POSITIVE CHANGE IN THEIR LIVES. THE HARD PILL TO SWALLOW IS THAT THEY FAIL TO QUALIFY BECAUSE THEY ARE JUST OVER THE CUT-OFF BUT STILL BELOW THE POVERTY LEVEL. THOSE PROBLEMS MIGHT BE ADDRESSED BY ESTABLISHING SEPERATE CRITERIA FOR ELIGIBILITY OF ELDERLY PERSONS. I REALIZE THESE PROGRAMS ARE NOT IN YOUR DIRECT PURVIEW, BUT AS AN ADVOCATE OF THE ELDERLY I AM OBLIGATED TO BRING THOSE MATTERS TO YOUR ATTENTION.

THE HOMESTEAD EXEMPTION ACT IS WITHIN YOUR PURVIEW. WE COMMEND THE LEGISLATURE FOR MODIFYING THE PROGRAM OVER THE YEARS TO MEET CHANGING CONDITIONS AND NEEDS. THE RECENT REASSESSMENT OF REAL PROPERTY IN RICHLAND COUNTY WILL MAKE IT MORE DIFFICULT FOR MANY OF OUR ELDERLY TO MEET THEIR TAX BURDEN. WE BELIEVE THAT IT IS APPROPRIATE FOR YOUR COMMITTEE TO STUDY THE NEED FOR A MODIFICATION OF THE HOMESTEAD EXEMPTION ACT. WE BELIEVE THAT A GREATER HOMESTEAD EXEMPTION WOULD BE WARRANTED. IN ADDITION WE ASK YOU TO STUDY THE FEASIBILITY OF LOWERING THE TAX RATE ON THE REMAINING AMOUNT.

OUR ELDERLY CITIZENS WOULD ALSO BENEFIT IF TAX INCENTIVES WERE PROVIDED FOR EMPLOYEES WHO HIRE ELDERLY WORKERS, LANDLORDS WHO RENT TO ELDERLY TENANTS, PRIVATE CONCERNS THAT GIVE DISCOUNTS TO ELDERLY CONSUMERS, AND FAMILIES WHO KEEP THE ELDERLY IN THEIR HOMES.

IT IS UP TO EACH AND EVERYONE OF US TO PROVIDE OUR ELDERLY CITIZENS WITH THE SUPPORTS AND SECURITY THAT THEY HAVE EARNED OVER A LIFE TIME OF CONTRIBUTIONS WHICH ALL OF US HAVE BENEFITED FROM. ALL OF US WANT TO LIVE IN COMFORT AND DIGNITY. DO YOU DESIRE LESS FOR YOUR GRANDMOTHER AND GRANDFATHER? I THINK NOT.

PC. Deane to  
Columbia Urban League

Mrs. Callie Gantt  
Williamsburg Association  
Columbia, South Carolina

Mrs. Gantt spoke in behalf of a group of senior citizens who are concerned about the proposed property tax increase. They petition the Legislature to amend the Homestead Tax Exemption Act to make the exemption proportionate to the percentage of increase in the property taxes.

Also, they request the exemption to be a minimum of \$30,000.

Senator McLeod asked how the exemption is applied against the assessed evaluation.

Senator Rubin explained that it is applied against the "fair market value" and the rest is assessed at the ratio of 4 percent. When this was passed under Act 208 seven years ago, it was very popular. It put residential property at a 4 percent ratio, commercial at 6, and industrial at 10.5. One of the major reasons that it hits with such impact is that statewide uniformity was so long delayed, inflation caught up with it. The \$15,000 fair market value exemption "worked like a dream" prior to this. There are 125,000 beneficiaries, half of whom paid no taxes at all. The success of it is due to the State rebating the counties originally; they could not afford the loss, and now the cities. The State price tag on it is 13 million dollars in the current budget. The solutions in this area in the future will have to depend to a large extent on alternative sources of revenue. An "optional sales tax" was proposed last year and did not make it. This works in Georgia. We are talking about a 1 percent sales tax, designed to roll back property taxes, of course. Here, we proposed only 1/2 percent and that did not make it.

Senator Rubin said that "uniformity of assessment is here to stay." The antagonism of industry which kept threatening to go into the courts, paying under protest, if something had not been done, the whole structure of local fiscal support would have been threatened.

There is some comfort in this, however, as local governments are prevented by State law from raising 1 percent additional from this; it cannot just be a windfall and the millage will have to be cut back.

In closing, he told Mrs. Gant "I think we have the thrust of some remedies."

We, a group of senior citizens 65 years or older, being on a fixed income, are extremely concerned about the forthcoming property tax increase which will affect all of us adversely.

According to current news reports, property tax bills are likely to triple. Since there is no recourse to senior citizens for passing on the increases as is the case of utilities and industry, the result for us is a double dose. We petition the State Legislature, therefore, for necessary action on our behalf to amend the Homestead Exemption Act so that exemptions will be proportionate to the percentage of increase in the property taxes. We request that the exemption be a minimum of \$30,000.

Ms. Joan Snyder, Director  
Project LOVE Aging Program  
Irmo-Chapin Recreation Commission

LOVE stands for "Let Older Volunteers Educate" and is an inter-generational learning experience which brings the young and the old together.

This project was started in the spring of 1981 at the Chapin Elementary School and is adapted from an intergenerational program in Ann Arbor, Michigan, entitled "T-LC" (Teaching, Learning Communities).

The project was officially launched on November 16, 1981, by South Carolina's First Lady, Mrs. Richard W. (Tunky) Riley. It started with 11 volunteers and involved the first and fourth graders at the Chapin Elementary School. The third grade was a control group and had no contact with "Grandpersons," as the older volunteers are called.

The program has been so successful that Lexington County School District Five has voted to expand it and the school to participate in this will be chosen in early 1983.

Funding for this project was in the amount of \$2,322 through the Older Americans Act.

(A Brochure giving additional information on Project LOVE is on file in the Committee).

Senator Rubin expressed his appreciation on the excellent presentation.

PROJECT "LOVE"

(LET OLDER VOLUNTEERS EDUCATE)

An Intergenerational Learning Experience Which Brings The  
Young And The Old Together

In society today there are many changes in the family unit; both parents must work, there are more single parents than ever before, and the mobility of our society frequently puts the family unit away from the extended family. Children today, for a variety of reasons, have little or no contact with older adults. Research of the 70's points out many children view the elderly in a negative stereotyped way and fear the aging process.

Age norms constrain people to behave in a given way. Too often age is used as a prime criterion in assigning people to opportunities because it is felt our age partially determines the roles we play. Sociologists seem to point out that both children and old people are barred from various opportunities because it is believed that they are not fully capable. They also feel strongly that many older people may be less active, less involved, less productive, not because of their biological aging process but because they are expected to present images of idleness or laziness, withdrawal and unproductivity. Thus in a variety of reinforcing ways all ages help to perpetuate many negative stereotyped images, especially the older adults themselves when they conform to the age norms set for them by society. Some older adults become inactive, non-productive, non-contributing members of our communities.

Our older adults are a rich resource. Many older adults are extremely talented, active and creative contributing members of our society. The wisdom, learning and experiences of a lifetime once passed on from generation to generation through contact with older adults is becoming a lost art or mode of learning. Our neighborhood communities do not provide sufficient opportunities for this interaction to occur and the younger generations are the

loosers. Children need to experience a variety of contact with older people to see that they are just as unique as each of us. Project LOVE focuses on providing that experience.

#### How Did Project LOVE Begin?

In the spring of 1981, Joan Snyder, Director of the Irmo-Chapin Recreation Commission Aging Program, and Dr. Joan Warlick, principal of Chapin Elementary School met to plan an inter-generational experience that would bring the young and old of the community together to share arts, crafts, folklore, and living history. They believed that the wisdom and talents of a lifetime of living should be incorporated into the curricula.

Dr. H.E. Corley, Superintendent of Lexington School District Five, felt the older adults would make a valuable contribution to the school system and supported the beginning of the new innovative program with enthusiasm.

Project LOVE was adapted for our area from a successful intergenerational program in Ann Arbor, Michigan entitled "T-LC" (Teaching, Learning Communities). Carol Tice, founder of the "T-LC" concept and President of New Age, Inc., a non-profit center for intergenerational education service and research, has given valuable technical assistance and insights for adaptation as the project was planned and implemented.

Project LOVE received a small amount of funding in the amount of \$2,322 through the Older Americans Act. Mrs. Sally Powers, a nursing instructor at the University of South Carolina, with a specialty in the field of Gerontology who is pursuing her doctoral degree in Educational Research, volunteered to conduct research on Project LOVE.

Mrs. Powers constructed a questionnaire to measure:

(1) the desire to have older people in the classroom; (2) how children described older people; (3) what children's attitudes toward the older people were. Pretesting was done before any contact with the "Grandperson" (older volunteer), so changes brought about by the project could be measured.

Project goals were to provide a volunteer program for older adults in a rural area, to develop projects of interest in arts and crafts centering around skills of the older adults,

some traditionally passed on from generation to generation, i.e., quilting, handwork, folklore, and to provide the younger generation with holistic knowledge about aging through exposure to a variety of experiences with older adults which reinforce positive attitudes about the aging process. Aging should be seen as a natural process for which one needs to have adequate knowledge and preparation.

"Grandpersons" (older volunteers) were recruited, screened and went through orientation provided by the Irmo-Chapin Recreation Commission Aging Program. Together the school principal, Dr. Joan Warlick, the enthusiastic teachers and the Aging Program set the project wheels in motion.

The project was officially launched on November 16, 1981, when South Carolina's First Lady, Mrs. Richard W. (Tunky) Riley, came and gave an enthusiastic speech on volunteerism. The project started with 11 volunteers and involved the first and fourth graders at Chapin Elementary School. The third grade was used as a control group and had no contact with "Grandpersons".

The volunteer "Grandpersons" met at the school once a week for lunch and an hour of class activities with the children from December through May.

One of the first scheduled projects was preparing for an "Ole Timey" Christmas celebration which was reminiscent of the Grandperson's own childhood. Christmas wreaths were made from vines and fresh greenery. Homemade Christmas decorations were hung with pride on the tree.

Mutual musical talent was discovered and shared as one "Grandperson" and a fourth grader played their violins together for the fourth grade Christmas carol "sing-along". One "Grandperson" helped a group plan a skit for the Christmas party.

Other new learning activities included a variety of experiences. Fourth grade math skills were reinforced through a bowling project, reference skills and social studies were enhanced by sharing artifacts and travel experiences. A picture sharing project provided joy and awareness in the cycle of growth - or aging- as the children shared their pictures from birth to

the present and the older adults did the same, delighting the children with the story that went along with their picture. One creative "Grandperson" saved his cataract for "show and tell". After talking about how precious sight was he smeared eyeglasses so the children could experience what it was like to try and read with dimming vision. Children were then asked to write down how that felt.

A summer garden project, "LOVE'S Pea Patch", grew out of a lesson on starting seed beds! Kite making, bread making, crocheting and making toys from scrap materials were among new skills added to the talent of the youngsters.

The first grade had help from "Grandpersons" preparing for a play, participated in a plant growing project and learned more about animals in Africa when one of the "Grandpersons" shared slides and artifacts from Africa.

The teachers and school feel the children have broadened their learning experience and really look forward to and enjoy the contact with the elderly.

How do the older volunteers feel about the project? Many feel that the experience can't be put into words. They have enjoyed being with the children. One volunteer put it this way, "You think you put a lot into it, but you find that you are getting a lot out of it. The children are full of warmth and love".

After some of the "Grandpersons" participated in the fourth grade play, "Old Glory Grows Up", at the end of the year, one "Grandperson" said, "I have never received so many kisses and hugs in my life!"

How the children feel about the "Grandpersons" and the project is best illustrated in paragraphs written by the children.

#### Older People Are Helpful

Older people are helpful people. When you feel down and need someone to talk to, older persons are willing to talk with you. If you need any help with anything they'll help you. They know a lot about everything. They are good teachers and never need to use books because they know so much. I think older people are great!



### Grandpersons Are Great Friends

I look at the Grandpersons as my own grandparents. The Grandpersons understand about your feelings, especially Mrs. Juanita Metts. They are sweet and kind, and they listen. Mrs. Metts is easy to talk to. Sometimes when I work with them they talk about their childhood. I think there is no other way to say it, but they really are like grandparents. I think anyone who works with them will take them as their grandparents, too. Grandpersons really are great friends.

### Project LOVE A Great Way To Educate A Kid

What's it for ... extra attention. LOVE stands for "Let Older Volunteers Educate", and it does just what it says! We like it because it teaches us things that school doesn't. It teaches how to be patient, enjoy work, and feel good about yourself.

What does the Chapin community feel about Project LOVE? Many feel the whole school should get a chance to be involved. Frequently the "Grandpersons" are stopped at the grocery store and after church by parents and students and thanked for what they are doing for and with the children. LOVE has definitely taken on new meaning in the Chapin area.

Testing was done again with the questionnaire at the end of the school year. The results of the research on Project LOVE completed so far on the 194 third and fourth grade students show statistically significant changes in the frequency of responses in the category of positive emotional characteristics used to describe old people and the desire to have older adults in the classroom. Sally Powers will make this material available to the South Carolina Study Committee on Aging and Lexington School District Five upon completion. She will be presenting her study in November of 1982 at the National Gerontological Society's Conference in Boston and is currently working on publication of an article on Project LOVE.

Lexington County School District Five, pleased with the impact of Project LOVE voted to expand Project LOVE at the school board meeting on August 23, 1982. The school to participate in

Project LOVE will be chosen in early 1983. The school district along with the Irmo-Chapin Recreation Commission Aging Program will work to determine where Project LOVE will expand. Criteria for choosing the school will be based on three important factors that insure success: (1) the strong demonstrated desire of the school's support for the project; (2) the cooperation, enthusiasm and desire to work with older adults and the aging program demonstrated by the teachers and the willingness of the P.T.O. to assist in fund raising and supportive activities needed to build a strong community based program.

Twenty older volunteers are ready with projects to go back to Chapin Elementary School starting in October, for another fun filled year. More volunteers will be needed to expand LOVE during the school year at Chapin Elementary.

To quote Carol Tice in her recent article "Creating Caring Communities-Linking the Generations": "As the New Federalism challenges states and communities to assume more responsibility for the education, health and well-being of their citizens, the invaluable energy of compassion must be channeled to create structures and programs that foster contact between the generations. Too often, the same life requirements are shared by more than one generation, but are dealt with in an age-segregated approach. The duplication is costly in more than dollars.

Models for utilizing schools as intergenerational facilities now exist. Churches, hospitals, service organizations and other settings are beginning to tap potential resources in bringing old and young together.

Intergenerational strategies offer a unique way of using existing and often untapped resources with minimum financial investment and maximum benefits. Not only is the approach cost effective but it also reaches individuals, groups, and communities in ways that begin to restore a healthy human ecology".

Many people feel that future policies and programs for the elderly, made by the children of today, will be greatly influenced by the experiences they have had with elderly people when they were young. Providing those experiences is important.

New Age, Inc., has a grant proposal before Levi Strauss at present which if received will include some funds for South Carolina to advance the Teaching-Learning conceptual model of intergenerational programs within our state.

All of us have undeveloped personal resources, talents and abilities that could be realized. Our educational system, both formal and extended, should prepare us not just to work, but to find fulfillment as human beings.

The Irmo-Chapin Recreation Commission Aging Program along with Lexington School District Five is dedicated to expanding intergenerational strategies. Project LOVE is one way of enriching the quality of fulfillment in life for the young and old.

Ms. M. Ann Palmer  
Project Administrator  
Governor's Office  
Division of Transportation

The Governor's Division of Transportation administers the Urban Mass Transportation Administration Section 16(b)(2) Program which provides funds for capital equipment purchases for the transportation of elderly and handicapped people. Approximately 150 vehicles--many of which are specially equipped to accommodate the mobility impaired--have been given to agencies transporting only older Americans.

The Governor's Division is also in charge of the Federal Highway Administration's Section 18 Program, which provides funds for non-urbanized public transportation. Presently 33 percent of South Carolina's counties use these funds and are served by the Regional Transportation Authorities (RTAs). Agencies which serve the elderly may contract with the RTA to provide transportation for them. However, the Administration proposes to eliminate Section 18 by FY '83-'84.

With budget cuts in mind, it is becoming necessary to coordinate resources and the Governor's Division of Transportation is developing plans for a statewide public transportation system, which will include existing public transportation resources.

As it is agreed nationwide that public transportation can not be profit making, it must be regarded as a public service just like the library, police and fire departments which rely on public support.

Statement  
of the  
Office of the Governor, Division of Transportation  
Study Committee on Aging  
September 17, 1982

I am Ann Palmer, Project Administrator for the Governor's Division of Transportation. I appreciate the opportunity to appear before your committee to briefly share with you our office's observations on the importance of public transportation for South Carolina and its older citizens.

South Carolina has a need for a general public transportation system. Part of the justification for this need is manifested in transportation for the elderly.

The Governor's Division of Transportation administers the Urban Mass Transportation Administration's Section 16(b)(2) program. The program provides funds for capital equipment purchases for the transportation of elderly and handicapped people. Approximately 150 vehicles have, to date, been awarded to agencies that transport only older Americans. Many of these vehicles are specially equipped to accommodate the mobility impaired.

The Governor's Division of Transportation also administers the Federal Highway Administration's Section 18 program. Section 18 provides funds for non-urbanized public transportation. Presently 33% of South Carolina's counties utilize these funds and are served by RTAs, Regional Transportation Authorities. Within these service areas, agencies that serve the elderly may contract with the Regional Transportation Authority to provide transportation for their elderly clients.

Elderly transportation trip purposes are quite varied. Trips must be provided for medical purposes, for access to human services, to pay bills, for shopping, for

(continued)

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Statement of the  
Office of the Governor, Division of Transportation  
Study Committee on Aging  
September 17, 1982

recreational activities, and to and from jobs.

This year is a critical juncture in our state. Major changes relating to the federal role in public transportation are surfacing. The prospect of reduced federal support carries many consequences. The Administration proposes eliminating Section 18 operating subsidies by FY 1983-1984.

With the reality of budget cuts, it is becoming more and more important to coordinate resources. The Governor's Division of Transportation is developing plans that lead to a statewide public transportation system. These plans would include the consolidation of existing public transportation resources.

It is generally agreed nationwide that public transportation cannot operate as a profit-making enterprise. Public transportation must be recognized as a public service with a need for public support much like the library, the police, and fire departments.

Transportation is an integral part of everyone's life. For the transportation dependent, public transportation is a necessity. The higher incidence among the elderly of handicapping conditions, both economic handicaps and physical handicaps, severely increases that age group's dependency on transportation services.

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STUDY COMMITTEE ON AGING

Senator Hyman Rubin, Chairman		
Gressette Building, Room 305 - - - - -	Senate	758-3500
Box 5506 - - - - -	Business	256-3493
Columbia, SC 29250 - - - - -	Home	799-5586

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Representative Hudson L. Barksdale		
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4908 Colonial Drive - - - - -	Business	786-9485
Suite 104 - - - - -	Home	782-5164
Columbia, SC 29204		

Dr. C. Julian Parrish		
121 Glenshire Drive - - - - -	Home	754-6338
Columbia, SC 29203		

Mrs. Gloria H. Sholin		
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Varnville, SC 29944 - - - - -	Home	943-3297

STAFF

Ms. Keller H. Bungardner, Dir. of Research and Admin. - -	Business	758-3500
P.O. Box 142, Room 305 Gressette Building, Columbia, SC 29202 - - -		758-5095

Liaison

Mr. Harry R. Bryan, Director, Commission on Aging	Business	758-2576
915 Main Street, Columbia, SC 29201		
Mrs. Diane J. Pressley, Director, Div. of Public Affairs	Business	758-2576
Commission on Aging, 915 Main Street, Columbia, SC 29201		
Mr. Bill Bradley, Ombudsman	Business	758-2249
Fourth Floor, Edgar A. Brown Building, Columbia, SC 29201		
Ms. Suzanne Lewis, Aging Liaison, Div. of Hlth. & Hum. Serv.	Business	758-8026
Governors' Office, Brown Bldg.		
Mr. Mike Horton, Local Government, Comp. General's Office	Business	758-5186
Wade Hampton Bldg., P. O. Box 11228		
Congressman Butler Derrick, 130 Cannon House Office Bldg.	Business	(202)225-5301
Washington, DC 20515		

A P P E N D I X



Senator Rubin, Members of the Committee, and Fellow Panelists As a private citizen I am pleased to have had the opportunity to observe the proceedings today, and I appreciate the opportunity to make a few observations of my own. My remarks will fall into three main categories, and these are (1) the older citizen in residential care facilities (2) the role of government in the life of the older citizen and (3) financial implications in the care of the older citizen now and in years to come.

Most of us develop an interest on the basis of personal experiences, and I am no exception. Throughout my own lifespan I have been fortunate enough to have had a number of relatives and older friends whom I have been privileged to know and love. I have also benefited from observing many of these people as they dealt with retirement and a variety of other challenges in their less vigorous years.

I recall in particular one aunt, my father's sister who was eighteen years his senior. She chose to go into a residential care facility while her health was basically sound. A gifted violinist who played with the Richmond, Virginia Symphony Orchestra for many years, she accepted the loss of ability to play with good grace as health problems surfaced. She busied herself with knitting, crocheting, care of a wide variety of plants, reading, Bible Study, and active friendship with other guests and staff alike.

After several years a stroke left her virtually helpless. Thus she continued for seven years. Her good spirit, basic cheerfulness, sound Christian beliefs, and keen mind continued to function however, and she was amazingly content in familiar surroundings with good friends among both guests and staff to nurture her.

Throughout this entire period she maintained her financial independence, but finally my father felt compelled to move her to a nursing facility closer to our home and one where the monthly costs were substantially less. Four months later we followed the hearse bearing her body back to Richmond.

To this day my father regrets the decision to move her. The physical care provided in the new setting was certainly excellent, but her spirit, her will to live,

her sense of security and serenity were badly shattered by the move to the new facility. All of this happened nearly twenty years ago, but the experiences at that time are as vivid to me as the experiences of this very day in September 1982.

I could cite other examples, but I want to share a very personal experience of my own. Last summer I spent two months flat on my back within the confines of my own bedroom. Reading, always a source of pleasure, was almost impossible without so much as one pillow under my head. Picking up the phone six inches from my bed was a challenge I did not really welcome, and so, like my aunt, I was blessed with many hours to think and meditate.

I reached some very definite conclusions during this challenging period in my life. I realized that the members of my family and my friends were far more necessary to the maintenance of my good emotional health than they were to the meeting of my physical needs. The flowers and the casseroles were a great deal of help of course, but to be accepted as a person of worth even though physically restricted and to be a participant in the lives of others who shared their own joys and woes was of even greater value.

I realized that I must continue to partake of life as fully as my physical restrictions permitted. I had nothing to offer the world but a receptive ear, mind, and heart, but these I could use all the more effectively, for they were all I had.

It was also a natural time to give thought to the aging process, and I resolved at that time to continue to participate actively in any decisions to be made with regard to my own life as long as my mind and body permit. I pondered the financial picture with regard to my own life in terms of actions already taken and those that I needed to establish. In essence I reviewed a wide variety of priorities, set some new goals and looked forward to a gradual return to a more normal life.

During this same period of time my mother-in-law was taken to the hospital where she remained for nearly a month. For thirteen days she was in intensive care, and during this period of time there was nothing to indicate that she knew us or was relating in anyway to her alien environment. Slowly her health stabilized, and I was present when she recognized Thelma Neild, the co-owner and co-director of Six Hills Retirement Center where Mother Perry resides. Her joy at seeing

Mile Retirement Center where Mother Parry resides. Her joy at seeing Thelma was so obvious, and I felt privileged to observe this meeting between them.

When my husband brought his mother back to Six Mile from the hospital her relief at being "home" again was obvious to all. Safe again in familiar surroundings and surrounded by friends and caring, loving, and competent staff, Mother Parry's health improved dramatically, and she continues in relatively good health for a person of her advanced years.

I am, however, convinced that I would be speaking of Mother Parry in the past tense had we had to place her in an unfamiliar environment. She enjoys outings of short duration with us, but she is always ready to go "home."

In recent months Six Mile Retirement Center has been much in the news as various governmental forces have pressured the Neilds to remove several long-time residents from their facility as several of these residents are considered "non-ambulatory."

In every case the residents themselves, the residents' families, and the residents' physicians have stated repeatedly that the level of care being provided is more than adequate for their present needs. No complaint has issued from the "ambulatory" residents or their families, and Six Mile Retirement Center has been providing good residential care for sixteen years.

Five years ago I served as president of my local neighborhood association, during that time a house was built which, far into <sup>construction</sup> ~~construction~~, was found to be eight inches closer to a neighboring house than zoning laws required. I am happy to report that all concerned chose to ignore this infraction in the zoning law, and the new family is happily situated in its "illegal" home among friendly neighbors.

Certainly we are all bound by laws that protect us individually and collectively, but the situation at Six Mile is, in my estimation, being treated <sup>as</sup> absurdly as anything I have ever encountered by governmental agencies in any state.

The Neilds do not attempt to care for people beyond the range of their abilities. We were given no assurance that Mother Parry could continue indefinitely at Six Mile when she returned from the hospital. Only her improved condition permitted

her to stay on in a residential setting as opposed to a skilled care facility.

Why DSS or representatives of any agency within the state would attempt to close a facility that is providing such good care for thirty-one individuals is beyond my ability to comprehend. Fire regulations have been mentioned. The danger from fire is, I can assure you, remote indeed, and quite frankly, I would chance injury by fire for Mother Parry far more readily than I would chance upsetting her psychologically and emotionally.

Since Mother Parry is not one of the "non-ambulatory" residents in question, it seems appropriate that I express my concerns as one who is not directly involved.

The Pickens County Delegation has given its support to Six Mile and to the Neilds after careful investigation on the part of the delegation, and for this I am grateful.

By profession I am a librarian who has worked for a number of years in the Pickens County schools. Two days ago I watched Tina, a fourth grader, as she laboriously made her way down the hall on crutches. Had the firebell rung at that moment Tina would surely have proved somewhat of a hazard to herself and to others, but no one would suggest that Tina should be removed from her home, her school, her friends to a safer environment. Certainly some concessions are made for Tina. We have been making these concessions for four years now. We open doors for her, and the children carry her lunch tray and her books, but Tina is a self-confident, happy child who functions well within the framework of "mainstreaming" which our federal government so strongly advocates. Tina may be a statistic in some governmental file, but to us she is a real, live, flesh-and-blood person. She is one of our children who happens to have a physical handicap.

Our older citizens are probably on a variety of governmental files, but they are real, live, flesh-and-blood people too. They are a part of us, all of us. They also have a handicap, for they are old, and, in our youth-oriented society, that is handicap enough!

It is my belief that all we are and all we have come from God. I believe further

that our purpose on this earth is to reflect the divine love we receive in our love for one another.

Our institutions, formal and informal, attempt to shape and mold us according to the particular institution's understanding. Just as we as individuals are guilty of creating our own gods, so are institutions guilty of creating their own gods. If we do not conform to a particular institution's rules we are subject to all of the pressures that the particular institution is capable of bringing to bear. But what are institutions? Are they not man-made creations? They may have come about through divine inspiration, but, like the individual, institutions may stray far from the lofty objectives by which they were originally guided. Our institutions should be governed by the same divine laws that govern us as individuals. As I perceive it, our institutions should reflect God's love in the loving care of our neighbors just as we are commissioned to do as individuals.

Reasonable rules and regulations are a necessary part of life, but when the individual is lost in the maze of governmental red tape, the time has come to pause and reflect on what is really important. The rules and regulations of a particular institution are not gods in themselves, and no individual or group has the right to make them so. Certainly I am grateful for government at the local, state, and national level, but I am inclined to think that too much of anything does more harm than good, and this includes government!

In the final analysis government belongs to the people. As one of those people I exercise my right to vote whenever the opportunity presents itself. As the population shifts more and more of us will be moving rather rapidly into that category known as senior citizens. With present-day advances in medical science it is likely that fewer of us will reach old age as senile old folks incapable of exercising our rights as citizens. This is a fact which those who govern in 1982 should note well.

In years to come the burden of supporting our older citizens is going to fall on a smaller number of people. The balance of the population will swing away from youth. There will be more older people outside the work force than there are

young people to support them through taxation of their income.

The 1981 White House Conference on Aging brought forth some rather interesting projections. For example the proportion of youth in the population is expected to fall faster than the rise in the proportion of the aged, and the dependency ratio will not rise above the 1976 level until after the year 2000.

Government expenditures for each elderly dependent is about three times greater than the expenditures for youthful dependents. Furthermore, federal outlays for health care were 23% of the GNP in fiscal year 1980. This rose to 23.7% in 1981, and it is expected to exceed 24% in 1982.

At the present time our elderly population stands at 11.2%. Of the total spent on health expenditures this same 11.2% consumed 29% of those funds. Federal health care expenditures on this 11.2% was 50.5%.

In 1950 the patient paid 65% of his health care himself. In 1980 the patient was paying only 10% of his health care himself.

It is estimated that in the years between 1980 and 1999 our population in the age bracket of 65 to 85 will reach 26%, Perhaps even more significant those over 85 will reach 52% by 1999, and this is the age group that is most likely to become frail and require heavy medical expenditures. By contrast with 1982 it is expected that our population of the very old will have increased by 1.4 million by 1999.

This leads me to my final point. The thirty-one residents at Six Mile are self-supporting. There is not a single Medicaid recipient being housed at Six Mile. Here are thirty-one people who, through their own industry and thrift, have provided for their own declining years, and there is justifiable pride in this accomplishment. Remove these folks to a skilled care nursing facility, and watch the Medicaid rolls increase. This is a fact with which to be reckoned.

Unemployment haunts us, and the demand for services from the already strained resources of DSS continue to increase. It seems to me that the both federal and state funds for medical assistance are very close to being between that famous rock and hard place.

I can think of no issue except that of World Peace which has more significance

in the lives of all of our people than this matter of the aging. We are dealing with the dignity and worth of young and old alike. If human and humane aspects of this question are brushed aside, the financial question cannot be ignored much longer.

Mr. Chairman and all of you here assembled, it is my earnest plea that you consider all aspects of this hearing today rationally, intelligently, and mercifully. Let us provide for our older citizens as individuals, not as statistics, and let the policies and legislation that evolve be sensible enough not to burden the oncoming generations beyond endurance. To paraphrase a rather well-known saying, let us deal with the older citizens in our midst as we would have future generations deal with us when we join the ranks of the older Americans ourselves.

*Thomas Ellen Cady Parry*  
(Mrs. Thomas H. Parry)

TESTIMONY  
TO  
THE STATE OF SOUTH CAROLINA  
STUDY COMMITTEE ON AGING  
BY  
LYNN FREDERICK  
PROGRAM DIRECTOR  
HEALTH IMPAIRED ELDERLY PROJECT  
COMMUNITY CARE, INC.  
September 1, 1982

Senator Rubin colleagues and friends. I'm here today to give you a brief update on the progress of the Health Impaired Elderly Project, administered by Community Care, Incorporated, under a contract with Central Midlands Regional Planning Council.

Background

This project operates through a private grant from the Robert Wood Johnson Foundation to the South Carolina Commission on Aging. The program began February 1, 1980.

Objective

The primary objective of the project is to develop a coordinated system which maximizes service delivery to the health impaired elderly in Richland and Lexington counties.



### Philosophy

The underlying philosophy of the project is that local agencies which serve the elderly can voluntarily work together to plan and implement such a coordinated service delivery system.

### Functions of the Project

The four basic functions of the project have been:

1. Uniform comprehensive assessment of the impaired elderly performed by service agencies
2. A system of sharing individual and aggregate client data
3. Interagency Case Coordination
4. A system of maximizing informal support and voluntary care for the elderly.

### History

The first year of the project was primarily a year of building a structure and promoting awareness of the project and its goals.

The second year was a developmental year in that the major elements of the project were developed last year.

We are now in the third year which is proving to be a period of full operation for the project.

#### Accomplishments

1. Over twenty agencies have assisted in designing and testing the basic elements of the project in the last three years. Seventeen (17) agencies currently fully participate in all aspects of the project.

These agencies are health, mental health, and social service agencies (including such agencies as councils on aging, local departments of social services, home health agencies, mental health centers and hospitals.)

2. There are 1500 client assessments now on file.

3. A client information system is in place which facilitates sharing of information about clients to prevent duplication among agencies. There is a strict system for safe guarding client confidentiality.

4. There is a case coordination team in place in Richland County and one in Lexington County. These teams meet monthly to address the special needs of individual clients with complex needs. These teams develop a comprehensive interagency service plan for clients. Workers from local agencies participate on these teams.

5. In terms of voluntary care for the elderly, project staff is working with a number of local churches to help them set up programs for the elderly including day care and respite.

The project publishes a newsletter called "Caring" which is sent to family

members who care for their elderly relatives in the home setting. This provides information and support to these caregivers.

Project staff along with other agencies in the community sponsor workshops semi-annually to train volunteers who are interested in working with the elderly.

6. Policies for operating the project are formulated by a council composed of executives from agencies participating in the project.

#### Future Plans

Future plans for the project include:

1. Full standardization of the assessment process which is routinely used by agencies to assess the needs of their elderly clients.
2. Computerization and analysis of the client data so that it can be used for educational and planning purposes.
3. Development of a fully functioning interagency case management system which is responsive to the needs of the impaired elderly and incorporates prevention and early intervention techniques.
4. Continuing to work toward maximizing voluntary care resources for the elderly.

5. To transfer the operation of the project from Community Care., Inc., to the Central Midlands Area Agency on Aging by February 1, 1984.
6. To facilitate appropriate research, evaluation and publications related to the project so that others might share in the learnings.

Thank you for allowing me to share this information with you today and please feel free to call me at Community Care, Inc., if you have any questions concerning this exciting project.

130 College St.  
Spartanburg, S. C.  
Sept. 4, 1982

Ms. Keller H. Bumgardner  
Director of Research  
Study Committee on Aging  
305 Gressette State Office Bldg.  
Columbia, S. C., 29202

Dear Ms. Bumgardner:

I wish that I could be at the Sept. 17-th hearing in Columbia. But since I cannot I would like to submit my statement to the Committee through you.

Every few years my property in Spartanburg has been reappraised by the County Assessors here. Last May 21, 1982 I was sent a Reappraisal Notice for my property, here in Spartanburg, for the outrageous sum of \$62,400.00. The previous appraisal of this same property as of April 25, 1975 was for \$17,200.00. The recent appraisal is 3.62 times as much as it was before, or 262 % increase in just 7 years and one month. I met with Assessment Complaint Board, but have not heard anything from them since meeting with them about two months ago.

If this kind of thing is going to take place every 4 to 5 years, I think another look should be taken at the small \$15,000 Homestead Tax Exemption allowed to us elderly people. I am 69 years old, and this hits me very hard; it really wipes out that was allowed, and adds much more tax on top of the last assessment.

My property value has actually decreased besides depreciating. Sears Roebuck Co. has moved out of our neighborhood, and less desirable businesses have moved in; an old Car Repair Business has moved across the street from my house(it is so noisy that it is almost unbearable, and looks like a junk yard). How could anyone with good sense appraise my property for nearly four times as much?

I definitely think that Homestead Exemption should be increased if our taxes are to be raised every few years. Hope you can see my point, and anything I can do to help please let me know, I am

Yours truly,

*C. E. Fine*

C, E. Fine

September 4, 1982

Ms. Keller H. Bumgardner,  
Director of Research,  
305 Gressette State Office Bldg.,  
Columbia, South Carolina 29202

Dear Ms. Bumgardner: [the impossible dream ??]

Has anyone (besides me) dreamed of a farm for the aging where the able-bodied would be able to help defray the cost of operation by working as long as able? This farm would be owned by the State of South Carolina - and, the senior citizens who would invest in the future for others who might one day be homeless and hungry (or become helpless).

Thank you for your impression.

Sincerely,

Mrs. Norma H. Webster (age 61)  
P.O. Box 187 Ocean Lakes  
(17 South) Myrtle Beach, S.C.  
29577

State of South Carolina

Study Committee on Aging



Columbia

SENATE MEMBERS

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WILLIAM W. DOAR, JR.  
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MRS. GLORIA H. SHOLIN

DIRECTOR OF RESEARCH  
AND ADMINISTRATION

MS. KELLER H. BUMGARDNER  
P.O. Box 142  
305 Gressette Building  
Columbia, S.C. 29202  
Tel.: (803) 758-3500, 758-5094

NOTICE OF PUBLIC HEARING

The Study Committee on Aging will hold a Public Hearing on the problems and concerns of South Carolina's older citizens.

Friday, September 17, 1982

Blatt Building, Room 101/109

Columbia

10:30 AM

Organizations, state agencies and citizens at large are invited to present testimony. A written copy of oral testimony is requested at the time of presentation.

Persons desiring to be heard should return the form below by September 10 so that their time for speaking can be confirmed. A 10-minute limitation is necessary.

Questions or requests for further information regarding the Hearing may be directed to Ms. Keller Bumgardner, 758-3500/5094.

STUDY COMMITTEE ON AGING PUBLIC HEARING

Name DR. F. JOHN LEASE Telephone No. 227 3669

Address 206 BROOKHAVEN DRIVE GREENWOOD S.C. 29646

(street) (city) (state) (zip)

Organization/Agency/Citizen CITIZEN

Title CRIMES AGAINST THE ELDERLY

Preferred Time to Testify: morning afternoon

CHAIRMAN: PLEASE BRING TO THE ATTENTION OF THE COMMITTEE FOR FURTHER STUDY.

*E. John Lease*

Please return by Sept. 10 to:

Ms. Keller H. Bumgardner  
P.O. Box 142, 305 Gressette Building  
Columbia, SC 29202



## House of Representatives

State of South Carolina

Tom J. Ervin

District No. 7-Anderson County  
21 Oak Drive  
Honea Path, S.C. 29654

436-D Blatt Building  
Columbia, S.C. 29211

Tel. (803) 758-8595

Committee:  
Judiciary

August 23, 1982

Dr. and Mrs. E. John Lease  
206 Brookhaven Drive  
Greenwood, SC 29646

Dear Doctor and Mrs. Lease:

Let me thank you for your interest in my efforts to reduce crime against the elderly. Mrs. Mabel Boulware has told me of your interest in my legislation which passed the South Carolina House of Representatives this past session which would add an additional five year prison term to anyone found guilty of committing a crime against a person over the age of 60 years old which results in serious bodily harm or disfigurement.

I will be more than happy to meet with you at your convenience to discuss the provisions of my legislation which I plan to reintroduce during the coming legislative session.

By a copy of this letter I am requesting Mr. Richard McLawhorn, Research Director of the South Carolina Legislative Council, to send you a copy of last year's bill so that you might study it prior to our conversation.

I look forward to hearing from you in the near future. Thanking you for your interest in this legislation and in my work at the General Assembly, I am

Very truly yours,

*Tom J. Ervin*  
Tom J. Ervin

TJE/rhl

cc: Mr. Richard E. McLawhorn  
Director of Research  
Legislative Council  
Post Office Box 11417  
Columbia, SC 29211



COMMITTEE REPORT

May 5, 1982

**Calendar No. H. 3264**

Introduced by REPS. ERVIN, PATRICK B. HARRIS, PRACHT,  
CHAMBLEE, COOPER and B. L. HENDRICKS, JR.

Printer's No. 463—H.      Read the first time January 12, 1982.

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THE COMMITTEE ON JUDICIARY

To whom was referred a Bill (H. 3264), to amend the Code of  
Laws of South Carolina, 1976, etc., respectfully

REPORT:

That they have duly and carefully considered the same, and recom-  
mend that the same do pass.

ROBERT J. SHEHEEN, for Committee.

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STATEMENT OF ESTIMATED FISCAL IMPACT

1. Estimated Cost to State—First Year .....\$ 45,560
2. Estimated Cost to State—Annually hereafter .....\$336,997

H-3264, if passed, could add *five years* to any sentence, under  
existing law, for crimes on persons over 60 resulting in certain  
categories of physical trauma, if convicted, but is not mandatory.

ITEMS OF ANALYSIS

1. It is impossible to see into the future relative to the commission  
of such crimes and subsequent convictions. In order to project any  
potential impact of this Bill, a *cross-section of convictions* in the past  
for crimes on persons over 60, which *could* have resulted in condi-  
tions set forth in the proposed legislation was observed.

It appears that *serious assault and robbery, where serious injury  
is involved*, would be the *most* likely types of cases whereby the  
solicitor could seek to prosecute under the confines of this Bill.

(NOTE: the average sentences of murder and rape are of such length  
as to render them impracticable where this Bill is concerned.

*Estimates are as follows:*

While convictions of serious assault on persons over 60 only does not seem to be available, they are projected as follows:

Average Total Convictions  
 Serious Assault 1979-81  
 Estimated # Applicable  
 To Persons Over 60  
 \* 1005  
 $1005 \times 13.3\% = 134$  \*\*\*

NOTE: Percent of over 60 population of general population = 13.3%. \*\*\*

\*\* Total robbery convictions on 60+ years victims 1977-1981 = 320. It is estimated that not more than 50% of these would meet the criteria in the Bill; estimate: 160.

2. *Sentence Influence and Estimated Impact of Convictions:*

\*\*\*\*\* *Robbery*—based on estimated minimum sentence of 5 years and average sentence of 16 years and  $\frac{1}{4}$  time served before parole, robbery is estimated to effect the second and subsequent years if this act is passed.

*Assault*—expected to effect the first and subsequent years.

Estimated influence of sentence pro-rated over 5 years (NOTE: Based on a cross-section of solicitors' comments, conviction applicability is not expected to exceed 20% of the time.

ESTIMATED IN INMATE YEARS

Year	Estimated Cases	Adjust for Parole ( $\frac{1}{4}$ Sentence)	Estimated Inmate Years x 20%
first	134	34	$34 \times 20\% = 6.7$
second	294	74 + year 1 =	$108 \times 20\% = 21.6$
third	294	74 + year 2 =	$182 \times 20\% = 36.4$
fourth	294	74 + year 3 =	$256 \times 20\% = 51.2$
fifth	294	74 + year 4 =	$330 \times 20\% = 66.00$

3. Summary of sentence influence and estimated costs. (NOTE: costs are based on 1982-83 Budget costs with a 5% annual inflation factor).

First year 6.7 cases x 6800 = 45,560.

Second and subsequent years = average of 2nd-5th year = 43.8 cases x 7,694 = \$336,997. It appears safe to assume that the costs subsequent to the fifth year would equal at least the \$336,997.

NOTE: It should be noted that the "20% discretionary use factor" is an estimate only based on solicitors' comments. If the use is in actuality higher then of course the costs associated with incarceration would also be higher.

*Notes/Sources*

- \* S. C. Criminal Docketing Report (General Population)
- \*\* SLED—Criminal Justice Information and Communications System (selected convictions/victims 60+ years)
- \*\*\* Division of Research and Statistics, 1980 Census data
- \*\*\*\* For the purposes of this analysis, it is considered that 100% of *serious assault* would result in the specified conditions of the Bill.
- \*\*\*\*\* 1976 Code of Laws and S. C. Department of Corrections Budget Office

*Impact Statement Prepared by:*      *Approved by:*

GEORGE N. DORN, JR.  
Budget Section,  
State Auditor's Office.

EDGAR A. VAUGHN, JR., CPA,  
State Auditor.

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# A BILL

To Amend the Code of Laws of South Carolina, 1976, by Adding Section 17-25-35 so as to Provide that Persons Committing Crimes in Which a Sixty Year Old Victim or Older Receives Serious Physical Injury May be Imprisoned for Five Years in Addition to Other Lawful Punishments.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. The 1976 Code is amended by adding:

"Section 17-25-35. Any person who is convicted of or who enters a plea of guilty or nolo contendere to any crime in which any person over the age of sixty receives serious physical injury which results in: (1) permanent disfigurement; (2) bone fracture; (3) substantial impairment of physical health; (4) substantial impairment of the function or any organ, limb or appendage may be imprisoned for five years in addition to any other punishment allowed by law."

SECTION 2. This act shall take effect upon approval by the Governor.

# The Index-Journal

GREENWOOD, S.C., TUESDAY AFTERNOON, JANUARY 19, 1982

## Widow stabbed to death

By VAL PALMER  
Staff writer

A 76-year-old widow was found stabbed to death in her Melrose Terrace home late Monday morning by a neighbor who had not seen her since Saturday, according to Greenwood Police Chief John H. Young.

Mrs. Dorothy E. Edwards, widow of J. Ed Edwards, was found in her bedroom, according to Coroner Odell Duvall, who said she was apparently stabbed to death with a small knife. She had been stabbed several times, Duvall said.

"It was a brutal murder...it was violent," Duvall said.

Following the discovery of the body, police officers sealed off the house and waited for State Law Enforcement Division crime scene investigators to arrive from Columbia.

The investigators began work at the back door, photographing in detail, before entering the gray shingled house on the quiet residential street.

Preliminary reports said there was no sign of forced entry.

Following a nine-hour examination of the house, grounds and body, the SLED investigators left shortly before midnight, Young said. The body has been taken to Charleston, where a forensic autopsy was scheduled for early today, according to Duvall.

## LAWS THAT LOOK AFTER THE ELDERLY

**B**ecause the elderly are so vulnerable to crime—less able to protect themselves and more devastated by the blow—Colorado has two new laws that increase penalties for crimes committed against people age 60 or older.

If an elderly or handicapped person is held up at gunpoint or threatened with a knife, the first law calls for sentencing to start with the maximum jail sentence currently allowed under law. The second law, which applies to any theft committed against an elderly person (not just those involving a weapon), requires that the usual criminal penalties be doubled. Anyone committing a theft involving less than \$200 in money or property will receive a sentence of six to 24 months, while stealing more than \$200 demands at least a four- to eight-year prison term, up from the two- to four-year sentence of the past.

According to James Vetter, associate director of criminal justice for the governor's office, these laws are also significant because they provide for mandatory restitution for the victim.

—MERRI ROSENBERG

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DECEMBER 1981 PAGE 39

The States having the strongest laws making it mandatory to increase the sentence for crimes committed against the elderly and handicapped are : Alabama, California, Florida, Hawaii, Indiana, Louisiana, Maryland, Nevada, New York, Ohio, Pennsylvania, Texas, and Vermont.

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The Greenville News and GREENVILLE PIEDMONT

## Reported escapee charged in woman's slaying

The Williamsburg County man charged with the slaying of an elderly Pomaria woman was a state prison trusty reported as an escapee last week, a spokesman for the state Department of Corrections said Saturday.

And the corrections department truck he had been assigned to drive last Wednesday was found abandoned

in a wooded area off South Carolina 34 Bypass in Newberry County Saturday, county Chief Deputy Tom Summer said.

Freddie Singleton, 38, was charged Friday with murder in connection with the death — apparently by strangulation — of 73-year-old Elizabeth Sease Lominick, according to arrest records. Mrs.

Lominick's body was found in her home late Thursday.

Singleton, as a trusty, was assigned to the minimum-security Walden Correctional Institution in Columbia, where he drove a truck that delivered food to other prisons, said corrections department spokesman Sam McCuen.

Last Wednesday, Singleton was

expected back in Columbia at about 9:30 p.m. after making deliveries to state prisons in Greenville and Spartanburg counties, McCuen said.

After searching the roads along his route later that night, the department reported Singleton as an escapee and issued an all-points bulletin for him, McCuen said.

Mrs. Mittie Robinson  
by phone, September 14, 1982

"Why can't the grocery stores give discounts on food to  
the elderly like the drug stores?"



**The Senate**  
**STATE OF SOUTH CAROLINA**

*From the desk of:*

ROSE MARY SMITH  
COLUMBIA, SOUTH CAROLINA

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9/16/82

A lady called in regarding the deadline for Homestead Tax Exemption. When she called the Auditor's office last year, they told her that she can apply for it only from the day on when she turns 65; however, they did not tell her about the May 1 deadline. This year, when she received the tax reassessment, she remembered to apply for the Exemption and that is when she found out about the deadline. She asked to tell Senator Rubin "Don't make it so hard for senior citizens to get the exemption." She preferred not to give her name, just wanted to pass this on as an idea to be used in the Public Hearing tomorrow.